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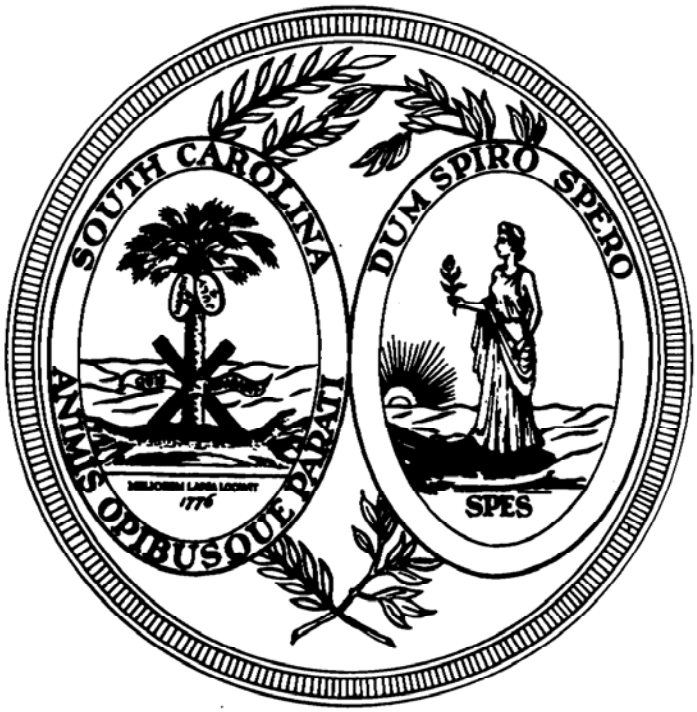
PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

Regulation Number 61-17
Standards for Licensing Nursing Homes



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

Published in the *State Register*, Volume 16, Issue 2, February 28, 1992

This is a courtesy copy of Regulation R61-17

This copy was updated to correct or note typographical errors between the *State Register* and the contents of this regulation on December 5, 2003.

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
EMERGENCY ORDER

WHEREAS, hospitals, nursing homes, and other residential care facilities subject to regulation pursuant to SC Code Ann. §44-7-20 *et seq*. and regulations promulgated pursuant thereto are required to prepare and maintain Emergency Evacuation Plans; and

WHEREAS healthcare facility plans must make adequate provisions for:

(1) Coordinating with sheltering facilities that will receive patients from evacuation areas, so that sheltering facilities named in evacuation plans are aware of that designation and prepared to receive additional patients;
(2) Demonstrating the capability for transporting residents and patients to sheltering facilities;
(3) Planning for relocating staff or providing staff at the sheltering facilities;

WHEREAS there is a substantial potential that one or more hurricanes will threaten the South Carolina coast during a hurricane season; and

WHEREAS the identified deficiencies in facility evacuation plans must be corrected promptly;

NOW THEREFORE,

IT IS ORDERED, pursuant to SC Code Ann. §44-1-140 that, in addition to the requirements of Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 207; Regulation 61-17, Standards for Licensing Nursing homes, Section B.8.; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1401; Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(8); and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section J.6.a.; Regulation 61-78, Standards for Licensing Hospices, Section 1701; and Regulation 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Section 1502, each facility subject to one or more of the foregoing regulations shall prepare an Emergency Evacuation Plan that conforms to the following requirements:

(1) (a) A Sheltering Plan for an alternate location to house patients or residents. This Plan shall include: full provision for at least the number of licensed resident or patients beds at that facility; the name, address and phone number of the Sheltering Facility (or Facilities) to which the patients or residents will be relocated during an emergency; a Letter of Agreement signed by an authorized representative of each Sheltering Facility which must include: the number of relocated patients or residents that can be accommodated; sleeping, feeding and medication plans for the relocated patients or residents; and provisions for accommodating relocated staff. The Letter of Agreement must be updated annually and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown Counties, at least one Sheltering Facility must be located in a county other than the six named counties.

(b) In the event a hospital or nursing home is located in an area subject to an order of evacuation and current data from the Army Corps of Engineers indicates the facility will not be affected by the storm surge, the following information must be current and on file with the Department before the facility can be considered for exemption from the mandatory evacuation order:

(i) A **Critical Data Sheet** must be complete and on file with the Department of Health and Environmental Control which certifies the following:
- Emergency power supply is available for a minimum of 72 hours;
- A 72 hour medical supply is available on site;
- A 72 hour supply of food and water is on site.

The **Critical Data Sheet** website for entering information is located at http://scangis.dhec.sc.gov/cdatasheet/login.aspx

(ii) Adequate staff must be available and on duty to provide continual care for the residents

(iii) An engineer's report concerning the wind load the facility should withstand must be on file with the Department;

(iv) The facility must request an exemption from the evacuation order from DHEC's Health Licensing Division.

(2) A Transportation Plan for relocating the patients or residents. The Transportation Plan must include the number and type of vehicles required; how and when they will be obtained; who (by name or organization) will provide drivers; procedures for providing medical support and medications during relocation; the estimated time to accomplish the relocation; and the primary and secondary route to be taken to the sheltering Facility.

(3) A Staffing Plan for the relocated patients or residents. The Staffing Plan must outline in detail how care will be provided to the relocated patients or residents, including the number and type of staff. If staffing will be provided by the Sheltering Facility, the Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility. If staffing will be provided by the relocating facility, plans for relocating staff or assuring transportation to the Sheltering Facility (Facilities) must be provided.

IT IS FURTHER ORDERED that each facility shall communicate and coordinate with local Emergency Preparedness Divisions in the development and implementation of the Emergency Evacuation Plans.

IT IS FURTHER ORDERED each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities). A copy of this Order shall be provided to each facility.

AND IT IS SO ORDERED.

8-30-04
Date

C Earl Hunter
C. Earl Hunter
Commissioner

SECTION 46

TO AMEND THE 1976 CODE BY ADDING SECTION 44-7-262 SO AS TO ESTABLISH MINIMUM PATIENT-STAFF RATIOS FOR STAFF PROVIDING NURSING CARE IN NURSING HOMES AND MAKING THOSE MINIMUM STAFFING RATIOS A CONDITION OF LICENSURE.

A. The 1976 Code is amended by adding:

“SECTION 44-7-262. Minimum resident-staff ratios for nursing homes.

(A) As a condition of licensure, in addition to the number of licensed nursing personnel required by R61-17, or any other regulation, a nursing home must provide at a minimum these resident-staff ratios for staff who provide nursing care:

(1) 9 to 1 for shift 1;

(2) 13 to 1 for shift 2;

(3) 22 to 1 for shift 3.

In those facilities utilizing two twelve-hour shifts, the staffing ratios for shift one apply to the twelve-hour shift occurring primarily during the day, and the staffing ratios for shift three apply to the twelve-hour shift occurring primarily during the night.

(B) For purposes of this section:

(1) "Shift 1" means a work shift that occurs primarily during the daytime hours including, but not limited to, a 7:00 a.m. to 3:00 p.m. shift;

(2) "Shift 2" means a work shift that generally includes both daytime and evening hours including, but not limited to, a 3:00 p.m. to 11:00 p.m. shift;

(3) "Shift 3" means a work shift that occurs primarily during the nighttime hours including, but not limited to, an 11:00 p.m. to 7:00 a.m. shift.“

B. This section takes effect January 1, 1999.

DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

April 14, 1995

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions that will allow a **provider-wide partial exception** to the requirements of **Regulation 61-17, Standards for Licensing Nursing Homes, Section G.(3)(a)** (verbal orders for medication and treatment.)

R61-17, Section G.(3)(a), requires that, "All physicians' orders for medication and treatment shall be recorded in the resident's medical record, signed and dated by the individual receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours."

Nursing homes have experienced difficulty in meeting R61-17, Section G.(3)(a), standards. We also recognize that applying this requirement categorically may interfere with other functions more directly related to quality resident care. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and welfare of residents cared for in South Carolina nursing homes we have determined that an alternative standard will be considered as acceptable.

All nursing homes will be required to meet either the standard outlined in R61-17, Section G.(3)(a) or, as an alternative:

1. A committee (to include representation by physicians treating residents at the facility, a pharmacist, and the Director of Nursing) shall identify and list categories of diagnostic or therapeutic verbal orders (associated with any potential hazard to the resident) that must be authenticated by the prescriber within a limited time frame. A copy of this list shall be maintained at each nurses' station.

2. Schedule II controlled substances must be included on the list of drugs which shall be authenticated within a limited time frame by the prescriber.

3. Verbal orders designated by the committee (described in #1 above) as requiring authentication within a limited time frame shall be countersigned and dated by the prescriber or designee within a time frame defined in nursing home procedures, but in no case more than two (2) days after the order was given.

4. All other verbal orders must be countersigned and dated by the prescriber or his designee within 30 days.

5. All other R61-17 standards shall apply unless specifically excepted.

This standard in R61-17, G.(3)(a), will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any nursing home licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202

AS:DG

cc: Douglas E. Bryant
Alice Truluck
Wilbur L. Harling
J. Randall Lee, SCHCA
Elaine E. Guyton, SCANPHA
Louetta A. Slice, SCNHA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

April 14, 1995

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions which will allow provider-wide partial exceptions to the requirements of Regulation 61-17, Standards for Licensing Nursing Homes, Sections A.(1)(o) & Y.(7)(a); E.(3)(b); Y.(6)(g); Y.(8)(b); and Y.(13)

R61-17, Section Y.(7)(a) requires that, "A nurses' station shall be provided for each 44 beds or fraction thereof..." We have determined that alternative standards will be acceptable for this and related sections of R61-17. All nursing homes will be required to meet either the standards outlined in R61-17, Section Y.(7)(a) (and related sections) or the alternative standards as indicated:

CURRENT STANDARD	ALTERNATIVE STANDARD
1. A.(1)(o) & Y.(7)(a): A nurses' station shall serve not more than 44 beds. The nurses station shall be located and arranged to permit visual observation of the resident corridors.	A nurses' station shall serve not more than 60 beds. The nurses station shall be located and arranged to permit visual observation of the resident corridors.
2. E.(3)(b): ...If a nursing station serves more than forty-four residents, then that station is required to have at least two licensed nurses on all shifts.	If a nursing station serves more than forty-four residents, then that station is required to have at least two licensed nurses on first shift and at least one licensed nurse on second and third shifts. [NOTE: This provision will not inhibit the Department's authority to require additional staffing when conditions require, R61-17, Section E.(3)(d).]

CURRENT STANDARD	ALTERNATIVE STANDARD
3. Y.(6)(g): No resident room shall be located more than 120 feet from the nurses' station.	No resident room shall be located more than 150 feet from the nurses' station.
4. Y.(8)(b): At least ten (10) square feet per bed for general storage shall be provided.	Facilities increasing the present bed capacity of an existing nursing unit by up to 15% will not be required to increase storage space, provided the facility currently meets the minimum storage area requirements. Those facilities increasing the present bed capacity of an existing nursing unit by more than 15% must meet the minimum square footage requirements for storage space for the total number of beds on that unit.
5. Y.(13): At least thirty (30) square feet per bed shall be provided for resident dining and recreation.	Facilities increasing the present bed capacity of an existing nursing unit by up to 15% will not be required to increase dining and recreation space, provided the facility currently meets the minimum dining and recreation area requirements. Those facilities increasing the present bed capacity of an existing nursing unit by more than 15%, must meet the minimum square footage requirements for dining and recreation space for the total number of beds on that unit.

MEMO TO ADMINISTRATORS
April 14, 1995

The following information is offered as clarification of items 4 and 5 above:

1. As an example, additional storage, dining and recreation space would not be required where an existing 44-bed unit is increased to 50 beds (under 15%.) The minimum square footage requirements as outlined in R61-17, Sections Y.(8)(b), and Y.(13), must be met where an existing 44-bed unit is increased to 51 beds (over 15%.)

2. Present bed capacity is the number of licensed beds existing as of April 14, 1995.

3. Once the total bed increment on a nursing unit increases by more than 15% of the present bed capacity then the requirements of R61-17, Sections Y.(8)(b), and Y.(13), must be met for the entire nursing unit.

These exceptions apply to any nursing home licensed by the Department. They relate solely to South Carolina licensing standards. Any adverse conditions(s) that may be related to these exceptions may result in revocation of the exceptions by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG

cc: Douglas E. Bryant
Alice Truluck
Bill Lafferty
J. Randall Lee, SCHCA
Elaine E. Guyton, SCANPHA
Louetta A. Slice, SCNHA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

January 25, 1995

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Provider-wide partial exception to the isolation room and related air exchange requirements as outlined in Regulation 61-17, Standards for Licensing Nursing Homes

Requirements on the subject of negative pressure isolation rooms are found in Regulation 61-17, Standards for Licensing Nursing Homes, Sections X.(4)(a) and corresponding Table I, D.(3)(c)(1), D.(5)(c) & (d), and Y.(6)(f). Provisions of R61-17, Section X.(4)(a) and corresponding Table I, require that isolation rooms shall undergo a minimum of six (6) air changes per hour. We recognize that the rigid enforcement of this standard in existing nursing homes and proposed construction would work an extreme hardship on nursing homes and would not necessarily serve to promote the health and welfare of residents cared for in those facilities. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and welfare of residents cared for in South Carolina nursing homes we have determined that an alternative standard will be considered as acceptable.

All nursing homes will be required to meet either the standards outlined in R61-17, Sections X.(4)(a) and corresponding Table I, and Y.(6)(f), for negative pressure isolation rooms or, as an alternative:

1. A TB risk assessment shall be conducted in accordance with CDC guidelines as outlined on pp. 54249-54256 of the October 28, 1994 Federal Register (copy enclosed.) (NOTE: All facilities must conduct an annual risk assessment even if TB residents are not admitted.)

2. A written TB infection control plan shall be developed and implemented as described on p. 54255 of the October 28, 1994, Federal Register.

3. Risk assessments performed by individual facilities are expected to result in most nursing homes being categorized as very low risk facilities. Very low risk nursing homes will only be required to develop a written TB control plan including transfer policy (of sputum-positive pulmonary TB residents to an appropriate acute care facility.)

4. If risk assessment results indicate low, intermediate or high risk, a written TB control plan and a negative pressure room which meets R61-17, Section X.(4)(a) and corresponding Table I standards, will be required.

5. Nursing homes may accept residents with sputum-positive pulmonary TB and provide appropriate treatment in the nursing home, provided that CDC guidelines are met (such as negative pressure isolation rooms.) [Reference DHEC Regulation 61-17, Section D.(3)(c)(1).]

6. When nursing home residents with sputum-positive pulmonary TB are to remain in the nursing home for treatment instead of being transferred to another facility, appropriate isolation procedures will follow CDC guidelines, including those pertaining to negative pressure requirements. [Reference DHEC Regulation 61-17, Section D.(5)(c) & (d)].

7. Nursing homes which are determined to be "minimal risk" or "very low risk" are not required to have negative pressure isolation rooms. [Reference DHEC Regulation 61-17, Section X.(4)(a), especially Table I as it pertains to "setable" air pressure requirements for isolation rooms.]

QUESTIONS/CLARIFICATION ON THIS EXCEPTION

No application is required for the exception to be granted. Relevant citations will not be issued if this memorandum is followed. Providers should contact the Division of Health Licensing at DHEC [telephone number - (803)737-7202] on licensure questions; DHEC's TB Control Division [telephone number - (803) 737-4150] should be contacted for clarification of TB and/or CDC issues.

AS:DG:ms

Enclosure

cc: Douglas E. Bryant
Alice Truluck
Carol Pozsik
Bill Lafferty
David Cullum
Karen Reeves

- Educating and training HCWs about TB, effective methods for preventing transmission of *M. tuberculosis*, and the benefits of medical screening programs (Section II.I).
- Developing and implementing a program for routine periodic counseling and screening of HCWs for active TB and latent TB infection (Section II.J; Suppl. 2).
- Promptly evaluating possible episodes of *M. tuberculosis* transmission in health-care facilities, including PPD skin-test conversions among HCWs, epidemiologically associated cases among HCWs or patients, and contacts of patients or HCWs who have TB and who were not promptly identified and isolated (Section II.K).
- Coordinating activities with the local public health department, emphasizing reporting, and ensuring adequate discharge follow-up and the continuation and completion of therapy (Section II.L).

II. Recommendations

A. Assignment of Responsibility

- Supervisory responsibility for the TB infection-control program should be assigned to a designated person or group of persons with expertise in infection control, occupational health, and engineering. These persons should be given the authority to implement and enforce TB infection-control policies.
- If supervisory responsibility is assigned to a committee, one person should be designated as the TB contact person. Questions and problems can then be addressed to this person.

B Risk Assessment, Development of the TB Infection-Control Plan, and Periodic Reassessment

1. Risk assessment

a. General

- TB infection-control measures for each health-care facility should be based on a careful assessment of the risk for transmission of *M. tuberculosis* in that particular setting. The first step in developing the TB infection-control program should be to conduct a baseline risk assessment to evaluate the risk for transmission of *M. tuberculosis* in each area and occupational group in the facility (Table 1, Figure 1). Appropriate infection-control interventions can then be developed on the basis of actual risk. Risk assessments should be performed for all inpatient and outpatient settings (e.g., medical and dental offices).
- Regardless of risk level, the management of patients with known or suspected infectious TB should not vary. However, the index of suspicion for infectious TB among patients, the frequency of HCW PPD skin testing, the number of TB isolation rooms, and other factors will depend on whether the risk for transmission of *M. tuberculosis* in the facility, area, or occupational group is high, intermediate, low, very low, or minimal.
- The risk assessment should be conducted by a qualified person or group of persons (e.g., hospital epidemiologists, infectious disease specialists, pulmonary disease specialists, infection-control practitioners, health-care administrators, occupational health personnel, engineers, HCWs, or local public health personnel).
- The risk assessment should be conducted for the entire facility and for specific areas within the facility (e.g., medical, TB, pulmonary, or HIV wards; HIV, infectious disease, or pulmonary clinics; and emergency departments or other areas where TB patients might receive

TABLE 1. Elements of a risk assessment for tuberculosis (TB) in health-care facilities

1. Review the community TB profile (from public health department data).
2. Review the number of TB patients who were treated in each area of the facility (both inpatient and outpatient). (This information can be obtained by analyzing laboratory surveillance data and by reviewing discharge diagnoses or medical and infection-control records.)
3. Review the drug-susceptibility patterns of TB isolates of patients who were treated at the facility.
4. Analyze purified protein derivative (PPD)-tuberculin skin-test results of health-care workers (HCWs), by area or by occupational group for HCWs not assigned to a specific area (e.g., respiratory therapists).
5. To evaluate infection-control parameters, review medical records of a sample of TB patients seen at the facility.

   Calculate intervals from:
   - admission until TB suspected;
   - admission until TB evaluation performed;
   - admission until acid-fast bacilli (AFB) specimens ordered;
   - AFB specimens ordered until AFB specimens collected;
   - AFB specimens collected until AFB smears performed and reported;
   - AFB specimens collected until cultures performed and reported;
   - AFB specimens collected until species identification conducted and reported;
   - AFB specimens collected until drug-susceptibility tests performed and reported;
   - admission until TB isolation initiated;
   - admission until TB treatment initiated; and
   - duration of TB isolation.

   Obtain the following additional information:
   - Were appropriate criteria used for discontinuing isolation?
   - Did the patient have a history of prior admission to the facility?
   - Was the TB treatment regimen adequate?
   - Were follow-up sputum specimens collected properly?
   - Was appropriate discharge planning conducted?

6. Perform an observational review of TB infection control practices.
7. Review the most recent environmental evaluation and maintenance procedures.

FIGURE 1. Protocol for conducting a tuberculosis (TB) risk assessment in a health-care facility

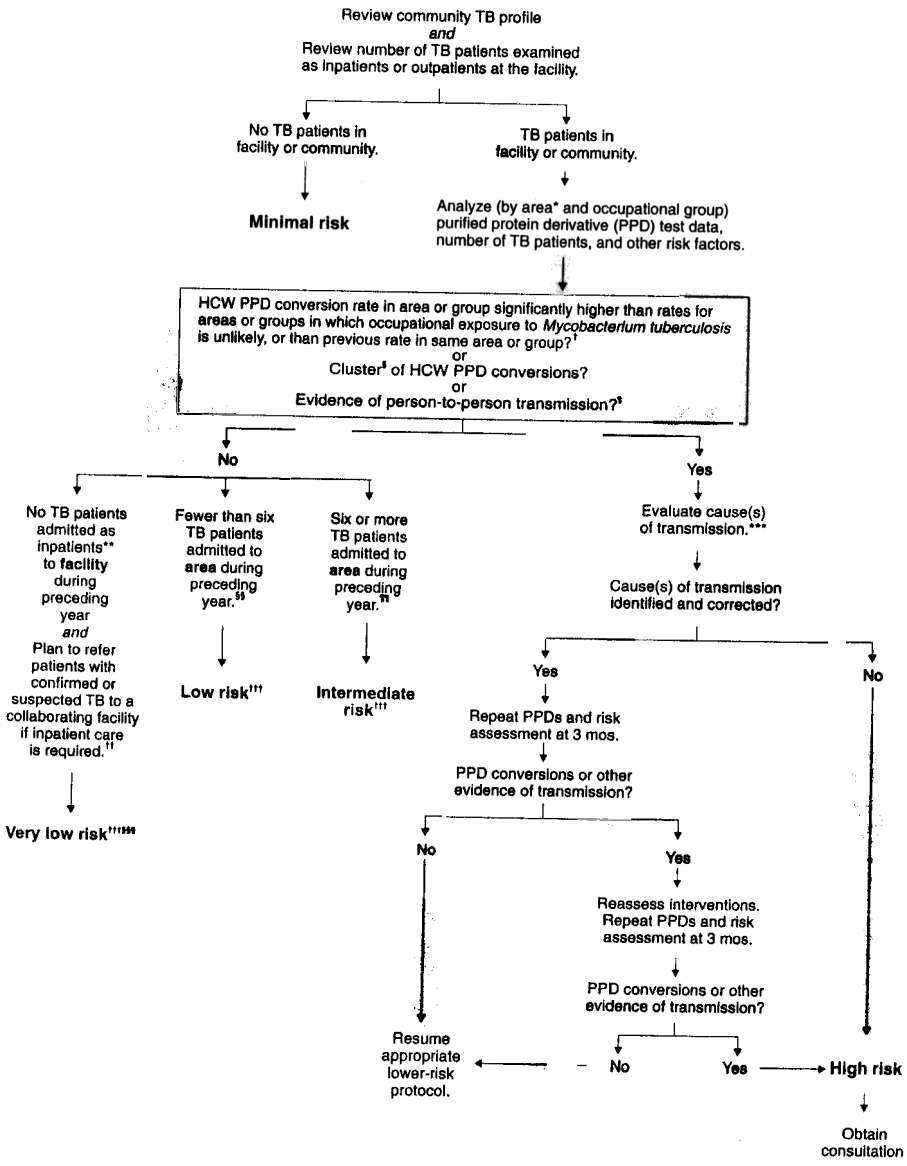


FIGURE 1. Protocol for conducting a TB risk assessment in a health-care facility — Continued

*Area: a structural unit (e.g., a hospital ward or laboratory) or functional unit (e.g., an internal medicine service) in which HCWs provide services to and share air with a specific patient population or work with clinical specimens that may contain viable *M. tuberculosis* organisms. The risk for exposure to *M. tuberculosis* in a given area depends on the prevalence of TB in the population served and the characteristics of the environment.

†With epidemiologic evaluation suggestive of occupational (nosocomial) transmission (see Problem Evaluation section in the text).

§Cluster: two or more PPD skin-test conversions occurring within a 3-month period among HCWs in a specific area or occupational group, and epidemiologic evidence suggests occupational (nosocomial) transmission.

¶For example, clusters of *M. tuberculosis* isolates with identical DNA fingerprint (RFLP) patterns or drug-resistance patterns, with epidemiologic evaluation suggestive of nosocomial transmission (see Problem Evaluation section in the text).

**Does not include patients identified in triage system and referred to a collaborating facility or patients being managed in outpatient areas.

††To prevent inappropriate management and potential loss to follow-up of patients identified in the triage system of a very low-risk facility as having suspected TB, an agreement should exist for referral between the referring and receiving facilities.

§§Or, for occupational groups, exposure to fewer than six TB patients for HCWs in the particular occupational group during the preceding year.

¶¶Or, for occupational groups, exposure to six or more TB patients for HCWs in the particular occupational group during the preceding year.

***See Problem Evaluation section in the text.

†††Occurrence of drug-resistant TB in the facility or community, or a relatively high prevalence of HIV infection among patients or HCWs in the area, may warrant a higher risk rating.

§§§For outpatient facilities, if TB cases have been documented in the community but no TB patients have been examined in the outpatient area during the preceding year, the area can be designated as very low risk.

care or where cough-inducing procedures are performed). This should include both inpatient and outpatient areas. In addition, risk assessments should be conducted for groups of HCWs who work throughout the facility rather than in a specific area (e.g., respiratory therapists; bronchoscopists; environmental services, dietary, and maintenance personnel; and students, interns, residents, and fellows).

- Classification of risk for a facility, for a specific area, and for a specific occupational group should be based on a) the profile of TB in the community; b) the number of infectious TB patients admitted to the area or ward, or the estimated number of infectious TB patients to whom HCWs in an occupational group may be exposed; and c) the results of analysis of HCW PPD test conversions (where applicable) and possible person-to-person transmission of *M. tuberculosis* (Figure 1).
- All TB infection-control programs should include periodic reassessments of risk. The frequency of repeat risk assessments should be based on the results of the most recent risk assessment (Table 2, Figure 1).
- The "minimal-risk" category applies only to an entire facility. A "minimal-risk" facility does not admit TB patients to inpatient or outpatient areas and is not located in a community with TB (i.e.,

TABLE 2. Elements of a tuberculosis (TB) infection-control program

Element	Risk categories				
	Minimal	Very low	Low	Intermediate	High
Assigning responsibility (Section II.A)					
Designated TB control officer or committee	R	R	R	R	R
Conducting a risk assessment (Section II.B.1)					
Baseline risk assessment	R	R	R	R	R
Community TB profile: incidence, prevalence, and drug-susceptibility patterns	Y	Y	Y	Y	Y
Facility case surveillance (laboratory- and discharge-diagnosis–based)	C	C	C	C	C
Analysis of purified protein derivative (PPD) test results among health-care workers (HCWs)	N/A	V*	Y	every 6–12 mos	every 3 mos
Review of TB patient medical records	N/A	O†	Y	every 6–12 mos	every 3 mos
Observation of infection-control practices	N/A	N/A	Y	every 6–12 mos	every 3 mos
Evaluation of engineering control maintenance	O§	O§	Y	every 6–12 mos	every 3 mos
Developing a TB infection control plan (Section II.B.2)					
Written TB infection control plan	R	R	R	R	R
Periodically reassessing risk (Section II.B.3)					
Reassessment of risk	Y	Y	Y	every 6–12 mos	every 3 mos
Identifying, evaluating, and initiating treatment for patients who may have active TB (Section II.C)					
Protocol (clinical prediction rules)¶ for identifying patients who may have active TB	R	R	R	R	R
Protocol for diagnostic evaluation of patients who may have active TB**	N/A	R	R	R	R

R=recommended; Y=yearly; C=continual; N/A=not applicable; O=optional; V=variable.

TABLE 2. Elements of a TB infection-control program — Continued

Element	Risk categories				
	Minimal	Very low	Low	Intermediate	High
Protocol for reporting laboratory results to clinicians, infection-control practitioners, collaborating referral facilities, and appropriate health department(s)	N/A	R	R	R	R
Protocol for initiating treatment of patients who may have active TB**	N/A	R	R	R	R
Managing patients who may have TB in ambulatory-care settings and emergency departments (Section II.D)					
Triage system for identifying patients who have active TB in emergency departments and ambulatory-care settings	R	R	R	R	R
Protocol for managing patients who may have active TB in emergency departments and ambulatory-care settings	R	R	R	R	R
Protocol for referring patients who may have active TB to collaborating facility	R	R	N/A††	N/A††	N/A††
Managing hospitalized patients who may have TB (Section II.E)					
Appropriate number of TB isolation rooms§§	N/A	N/A	R	R	R
Protocol for initiating TB isolation	N/A	N/A	R	R	R
Protocol for TB isolation practices	N/A	N/A	R	R	R
Protocol for discontinuing TB isolation	N/A	N/A	R	R	R
Protocol for discharge planning	N/A	N/A	R	R	R
Engineering controls (Suppl. 3, Section II.F)					
Protocol(s) for maintenance of engineering controls	O§	O§	R	R	R
Respiratory protection (Suppl. 4, Section II.G)					
Respiratory protection program	N/A	V*	R	R	R

TABLE 2. Elements of a TB infection-control program — Continued

Element	Risk categories				
	Minimal	Very low	Low	Intermediate	High
Cough-inducing and aerosol-generating procedures (Section II.H)					
Protocol(s) for performing cough-inducing or aerosol-generating procedures	O	O¶¶	R	R	R
Engineering controls for performing cough-inducing or aerosol-generating procedures	O§	O¶¶	R	R	R
Educating and Training HCWs (Section II.I)					
Educating and training HCWs regarding TB	R	R	R	R	R
Counseling and screening HCWs (Section II.J)					
Counseling HCWs regarding TB	R	R	R	R	R
Protocol for identifying and evaluating HCWs who have signs or symptoms of active TB	R	R	R	R	R
Baseline PPD testing of HCWs	O***	R	R	R	R
Routine periodic PPD screening of HCWs for latent TB infection	N/A	V*	Y	every 6–12 mos	every 3 mos
Protocol for evaluating and managing HCWs who have positive PPD tests	R	R	R	R	R
Protocol for managing HCWs who have active TB	R	R	R	R	R
Conducting a problem evaluation (Section II.K)					
Protocol for investigating PPD conversions and active TB in HCWs	R	R	R	R	R
Protocol for investigating possible patient-to-patient transmission of *Mycobacterium tuberculosis*	R	R	R	R	R

R=recommended; Y=yearly; C=continual; N/A=not applicable; O=optional; V=variable

TABLE 2. Elements of a TB infection-control program — Continued

Element	Risk categories				
	Minimal	Very low	Low	Intermediate	High
Protocol for investigating possible contacts of TB patients who were not diagnosed initially as having TB and were not placed in isolation	R	R	R	R	R
Coordination with the public health department (Section II.L)					
Effective system for reporting patients who have suspected or confirmed TB to appropriate health department(s)	R	R	R	R	

R=recommended; Y=yearly; C=continual; N/A=not applicable; O=optional; V=variable.

* Because very low-risk facilities do not admit patients who may have active TB to inpatient areas, most HCWs in such facilities do not need routine follow-up PPD screening after baseline PPD testing is done. However, those who are involved in the initial assessment and diagnostic evaluation of patients in the ambulatory-care, emergency, and admitting departments of such facilities or in the outpatient management of patients with active TB could be exposed potentially to a patient who has active TB. These HCWs may need to receive routine periodic PPD screening. Similarly, these HCWs may need to be included in a respiratory protection program.

† Because very low-risk facilities do not admit patients suspected of having active TB, review of TB patient medical records is not applicable. However, follow-up of patients who were identified during triage as possibly having active TB and referred to another institution for further evaluation and management may be useful in evaluating the effectiveness of the triage system.

§ Some minimal or very low-risk facilities may elect to use engineering controls (e.g., booths for cough-inducing procedures, portable high-efficiency particulate [HEPA] filtration units, ultraviolet germicidal irradiation units) in triage/waiting areas. In such situations, appropriate protocols for maintaining this equipment should be in place, and this maintenance should be evaluated periodically.

¶ The criteria used in clinical prediction rules will probably vary from facility to facility depending on the prevalence of TB in the population served by the facility and on the clinical, radiographic, and laboratory characteristics of TB patients examined in the facility.

** The protocols should be consistent with CDC/American Thoracic Society recommendations (*33*).

†† Protocols for referring patients who require specialized treatment (e.g., patients with multidrug-resistant TB) may be appropriate.

§§ Based on maximum daily number of patients requiring TB isolation for suspected or confirmed active TB. Isolation rooms should meet the performance criteria specified in these guidelines.

¶¶ If such procedures are used in the triage protocol(s) for identifying patients who may have active TB.

*** Minimal-risk facilities do not need to maintain an ongoing PPD skin-testing program. However, baseline PPD testing of HCWs may be advisable so that if an unexpected exposure does occur, conversions can be distinguished from positive PPD test results caused by previous exposures.

counties or communities in which TB cases have not been reported during the previous year). Thus, there is essentially no risk for exposure to TB patients in the facility. This category may also apply to many outpatient settings (e.g., many medical and dental offices).

- The "very low-risk" category generally applies only to an entire facility. A very low-risk facility is one in which a) patients with active TB are not admitted to inpatient areas but may receive initial assessment and diagnostic evaluation or outpatient management in outpatient areas (e.g., ambulatory-care and emergency departments) and b) patients who may have active TB and need inpatient care are promptly referred to a collaborating facility. In such facilities, the outpatient areas in which exposure to patients with active TB could occur should be assessed and assigned to the appropriate low-, intermediate-, or high-risk category. Categorical assignment will depend on the number of TB patients examined in the area during the preceding year and whether there is evidence of nosocomial transmission of *M. tuberculosis* in the area. If TB cases have been reported in the community, but no patients with active TB have been examined in the outpatient area during the preceding year, the area can be designated as very low risk (e.g., many medical offices).

  The referring and receiving facilities should establish a referral agreement to prevent inappropriate management and potential loss to follow-up of patients suspected of having TB during evaluation in the triage system of a very low-risk facility.

  In some facilities in which TB patients are admitted to inpatient areas, a very low-risk protocol may be appropriate for areas (e.g., administrative areas) or occupational groups that have only a very remote possibility of exposure to *M. tuberculosis*.

  The very low-risk category may also be appropriate for outpatient facilities that do not provide initial assessment of persons who may have TB, but do screen patients for active TB as part of a limited medical screening before undertaking specialty care (e.g., dental settings).

- "Low-risk" areas or occupational groups are those in which a) the PPD test conversion rate is not greater than that for areas or groups in which occupational exposure to *M. tuberculosis* is unlikely or than previous conversion rates for the same area or group, b) no clusters* of PPD test conversions have occurred, c) person-to-person transmission of *M. tuberculosis* has not been detected, and d) fewer than six TB patients are examined or treated per year.

- "Intermediate-risk" areas or occupational groups are those in which a) the PPD test conversion rate is not greater than that for areas or groups in which occupational exposure to *M. tuberculosis* is unlikely or than previous conversion rates for the same area or group, b) no clusters of PPD test conversions have occurred, c) person-to-person transmission of *M. tuberculosis* has not been detected, and d) six or more patients with active TB are examined or treated each year. Survey data suggest that facilities in which six or more TB patients are examined or treated each year may have an increased risk for transmission of *M. tuberculosis* (CDC, unpublished data); thus, areas in which six or more patients with active TB are examined or treated each year (or occupational groups in which HCWs are likely to be exposed to six or more TB patients per year) should be classified as "intermediate risk."

- "High-risk" areas or occupational groups are those in which a) the PPD test conversion rate is significantly greater than for areas or groups in which occupational exposure to *M. tuberculosis* is unlikely or than previous conversion rates for the same area or group, and epidemiologic evaluation suggests nosocomial transmission; **or** b) a cluster of PPD test conversions has occurred, and epidemiologic evaluation suggests nosocomial transmission of *M. tuberculosis*; **or** c) possible person-to-person transmission of *M. tuberculosis* has been detected.

- If no data or insufficient data for adequate determination of risk have been collected, such data should be compiled, analyzed, and reviewed expeditiously.

b. Community TB profile

- A profile of TB in the community that is served by the facility should be obtained from the public health department. This profile should include, at a minimum, the incidence (and prevalence, if available) of active TB in the community and the drug-susceptibility patterns of *M. tuberculosis* isolates (i.e., the antituberculous agents to which each isolate is susceptible and those to which it is resistant) from patients in the community.

c. Case surveillance

- Data concerning the number of suspected and confirmed active TB cases among patients and HCWs in the facility should be systematically collected, reviewed, and used to estimate the number of TB isolation rooms needed, to recognize possible clusters of nosocomial transmission, and to assess the level of potential occupational risk. The number of TB patients in specific areas of a facility can be obtained from laboratory surveillance data on specimens positive for AFB smears or *M. tuberculosis* cultures, from infection-control records, and from databases containing information about hospital discharge diagnoses.

- Drug-susceptibility patterns of *M. tuberculosis* isolates from TB patients treated in the facility should be reviewed to identify the frequency and patterns of drug resistance. This information may indicate a need to modify the initial treatment regimen or may suggest possible nosocomial transmission or increased occupational risk.

d. Analysis of HCW PPD test screening data

- Results of HCW PPD testing should be recorded in the individual HCW's employee health record and in a retrievable aggregate data-

*Cluster: two or more PPD skin-test conversions occurring within a 3-month period among HCWs in a specific area or occupational group, and epidemiologic evidence suggests occupational (nosocomial) transmission.

base of all HCW PPD test results. Personal identifying information should be handled confidentially. PPD test conversion rates should be calculated at appropriate intervals to estimate the risk for PPD test conversions for each area of the facility and for each specific occupational group not assigned to a specific area (Table 2). To calculate PPD test conversion rates, the total number of previously PPD-negative HCWs tested in each area or group (i.e., the denominator) and the number of PPD test conversions among HCWs in each area or group (the numerator) must be obtained.

- PPD test conversion rates for each area or occupational group should be compared with rates for areas or groups in which occupational exposure to *M. tuberculosis* is unlikely and with previous conversion rates in the same area or group to identify areas or groups where the risk for occupational PPD test conversions may be increased. A low number of HCWs in a specific area may result in a greatly increased rate of conversion for that area, although the actual risk may not be significantly greater than that for other areas. Testing for statistical significance (e.g., Fisher's exact test or chi square test) may assist interpretation; however, lack of statistical significance may not rule out a problem (i.e., if the number of HCWs tested is low, there may not be adequate statistical power to detect a significant difference). Thus, interpretation of individual situations is necessary.
- An epidemiologic investigation to evaluate the likelihood of nosocomial transmission should be conducted if PPD test conversions are noted (Section II.K.1).
- The frequency and comprehensiveness of the HCW PPD testing program should be evaluated periodically to ensure that all HCWs who should be included in the program are being tested at appropriate intervals. For surveillance purposes, earlier detection of transmission may be enhanced if HCWs in a given area or occupational group are tested on different scheduled dates rather than all being tested on the same date (Section II.J.3).

e. Review of TB patient medical records

- The medical records of a sample of TB patients examined at the facility can be reviewed periodically to evaluate infection-control parameters (Table 1). Parameters to examine may include the intervals from date of admission until a) TB was suspected, b) specimens for AFB smears were ordered, c) these specimens were collected, d) tests were performed, and e) results were reported. Moreover, the adequacy of the TB treatment regimens that were used should be evaluated.
- Medical record reviews should note previous hospital admissions of TB patients before the onset of TB symptoms. Patient-to-patient transmission may be suspected if active TB occurs in a patient who had a prior hospitalization during which exposure to another TB patient occurred or if isolates from two or more TB patients have identical characteristic drug-susceptibility or DNA fingerprint patterns.
- Data from the case review should be used to determine if there is a need to modify a) protocols for identifying and isolating patients who may have infectious TB, b) laboratory procedures, c) administrative policies and practices, or d) protocols for patient management.

f. Observation of TB infection-control practices

- Assessing adherence to the policies of the TB infection-control program should be part of the evaluation process. This assessment should be performed on a regular basis and whenever an increase occurs in the number of TB patients or HCW PPD test conversions. Areas at high risk for transmission of *M. tuberculosis* should be monitored more frequently than other areas. The review of patient medical records provides information on HCW adherence to some of the policies of the TB infection-control program. In addition, work practices related to TB isolation (e.g., keeping doors to isolation rooms closed) should be observed to determine if employers are enforcing, and HCWs are adhering to, these policies and if patient adherence is being enforced. If these policies are not being enforced or adhered to, appropriate education and other corrective action should be implemented.

g. Engineering evaluation

- Results of engineering maintenance measures should be reviewed at regular intervals (Table 3). Data from the most recent evaluation and from maintenance procedures and logs should be reviewed carefully as part of the risk assessment.

2. Development of the TB Infection-Control Plan

- Based on the results of the risk assessment, a written TB infection-control plan should be developed and implemented for each area of the facility and for each occupational group of HCWs not assigned to a specific area of the facility (Table 2; Table 3).
- The occurrence of drug-resistant TB in the facility or the community, or a relatively high prevalence of HIV infection among patients or HCWs in the community, may increase the concern about transmission of *M. tuberculosis* and may influence the decision regarding which protocol to follow (i.e., a higher-risk classification may be selected).
- Health-care facilities are likely to have a combination of low-, intermediate-, and high-risk areas or occupational groups during the same time period. The appropriate protocol should be implemented for each area or group.
- Areas in which cough-inducing procedures are performed on patients who may have active TB should, at the minimum, implement the intermediate-risk protocol.

3. Periodic Reassessment

- Follow-up risk assessment should be performed at the interval indicated by the most recent risk assessment (Figure 1; Table 2). Based on

TABLE 3. Characteristics of an effective tuberculosis (TB) infection-control program*

I. Assignment of responsibility
- A. Assign responsibility for the TB infection-control program to qualified person(s).
- B. Ensure that persons with expertise in infection control, occupational health, and engineering are identified and included.

II. Risk assessment, TB infection-control plan, and periodic reassessment
- A. Initial risk assessments
  1. Obtain information concerning TB in the community.
  2. Evaluate data concerning TB patients in the facility.
  3. Evaluate data concerning purified protein derivative (PPD)-tuberculin skin-test conversions among health-care workers (HCWs) in the facility.
  4. Rule out evidence of person-to-person transmission.
- B. Written TB infection-control program
  1. Select initial risk protocol(s).
  2. Develop written TB infection-control protocols.
- C. Repeat risk assessment at appropriate intervals.
  1. Review current community and facility surveillance data and PPD-tuberculin skin-test results.
  2. Review records of TB patients.
  3. Observe HCW infection-control practices.
  4. Evaluate maintenance of engineering controls.

III. Identification, evaluation, and treatment of patients who have TB
- A. Screen patients for signs and symptoms of active TB:
  1. On initial encounter in emergency department or ambulatory-care setting.
  2. Before or at the time of admission.
- B. Perform radiologic and bacteriologic evaluation of patients who have signs and symptoms suggestive of TB.
- C. Promptly initiate treatment.

IV. Managing outpatients who have possible infectious TB
- A. Promptly initiate TB precautions.
- B. Place patients in separate waiting areas or TB isolation rooms.
- C. Give patients a surgical mask, a box of tissues, and instructions regarding the use of these items.

V. Managing inpatients who have possible infectious TB
- A. Promptly isolate patients who have suspected or known infectious TB.
- B. Monitor the response to treatment.
- C. Follow appropriate criteria for discontinuing isolation.

VI. Engineering recommendations
- A. Design local exhaust and general ventilation in collaboration with persons who have expertise in ventilation engineering.
- B. Use a single-pass air system or air recirculation after high-efficiency particulate air (HEPA) filtration in areas where infectious TB patients receive care.
- C. Use additional measures, if needed, in areas where TB patients may receive care.

*A program such as this is appropriate for health-care facilities in which there is a high risk for transmission of *Mycobacterium tuberculosis.*

TABLE 3. Characteristics of an effective TB infection-control program — Continued

- D. Design TB isolation rooms in health-care facilities to achieve ≥6 air changes per hour (ACH) for existing facilities and ≥12 ACH for new or renovated facilities.
- E. Regularly monitor and maintain engineering controls.
- F. TB isolation rooms that are being used should be monitored daily to ensure they maintain negative pressure relative to the hallway and all surrounding areas.
- G. Exhaust TB isolation room air to outside or, if absolutely unavoidable, recirculate after HEPA filtration.

VII. Respiratory protection
- A. Respiratory protective devices should meet recommended performance criteria.
- B. Repiratory protection should be used by persons entering rooms in which patients with known or suspected infectious TB are being isolated, by HCWs when performing cough-inducing or aerosol-generating procedures on such patients, and by persons in other settings where administrative and engineering controls are not likely to protect them from inhaling infectious airborne droplet nuclei.
- C. A respiratory protection program is required at all facilities in which respiratory protection is used.

VIII. Cough-inducing procedures
- A. Do not perform such procedures on TB patients unless absolutely necessary.
- B. Perform such procedures in areas that have local exhaust ventilation devices (e.g., booths or special enclosures) or, if this is not feasible, in a room that meets the ventilation requirements for TB isolation.
- C. After completion of procedures, TB patients should remain in the booth or special enclosure until their coughing subsides.

IX. HCW TB training and education
- A. All HCWs should receive periodic TB education appropriate for their work responsibilities and duties.
- B. Training should include the epidemiology of TB in the facility.
- C. TB education should emphasize concepts of the pathogenesis of and occupational risk for TB.
- D. Training should describe work practices that reduce the likelihood of transmitting *M. tuberculosis.*

X. HCW counseling and screening
- A. Counsel all HCWs regarding TB and TB infection.
- B. Counsel all HCWs about the increased risk to immunocompromised persons for developing active TB.
- C. Perform PPD skin tests on HCWs at the beginning of their employment, and repeat PPD tests at periodic intervals.
- D. Evaluate symptomatic HCWs for active TB.

XI. Evaluate HCW PPD test conversions and possible nosocomial transmission of *M. tuberculosis.*

XII. Coordinate efforts with public health department(s)

the results of the follow-up assessment, problem evaluation may need to be conducted or the protocol may need to be modified to a higher- or lower-risk level.

- After each risk assessment, the staff responsible for TB control, in conjunction with other appropriate HCWs, should review all TB control policies to ensure that they are effective and meet current needs.

4. Examples of Risk Assessment

Examples of six hypothetical situations and the means by which surveillance data are used to select a TB control protocol are described as follows:

Hospital A. The overall HCW PPD test conversion rate in the facility is 1.6%. No areas or HCW occupational groups have a significantly greater PPD test conversion rate than areas or groups in which occupational exposure to *M. tuberculosis* is unlikely (or than previous rates for the same area or group). No clusters of PPD test conversions have occurred. Patient-to-patient transmission has not been detected. Patients who have TB are admitted to the facility, but no area admits six or more TB patients per year. The low-risk protocol will be followed in all areas.

Hospital B. The overall HCW PPD test conversion rate in the facility is 1.8%. The PPD test conversion rate for the medical intensive-care unit rate is significantly higher than all other areas in the facility. The problem identification process is initiated (Section II.K). It is determined that all TB patients have been isolated appropriately. Other potential problems are then evaluated, and the cause for the higher rate is not identified. After consulting the public health department TB infection-control program, the high-risk protocol is followed in the unit until the PPD test conversion rate is similar to areas of the facility in which occupational exposure to TB patients is unlikely. If the rate remains significantly higher than other areas, further evaluation, including environmental and procedural studies, will be performed to identify possible reasons for the high conversion rate.

Hospital C. The overall HCW PPD test conversion rate in the facility is 2.4%. Rates range from 0 to 2.6% for the individual areas and occupational groups. None of these rates is significantly higher than rates for areas in which occupational exposure to *M. tuberculosis* is unlikely. No particular HCW group has higher conversion rates than the other groups. No clusters of HCW PPD test conversions have occurred. In two of the areas, HCWs cared for more than six TB patients during the preceding year. These two areas will follow the intermediate-risk protocol, and all other areas will follow the low-risk protocol. This hospital is located in the southeastern United States, and these conversion rates may reflect cross-reactivity with nontuberculous mycobacteria.

Hospital D. The overall HCW PPD test conversion rate in the facility is 1.2%. In no area did HCWs care for six or more TB patients during the preceding year. Three of the 20 respiratory therapists tested had PPD conversions, for a rate of 15%. The respiratory therapists who had PPD test conversions had spent all or part of their time in the pulmonary function laboratory, where induced sputum specimens were obtained. A low-risk protocol is maintained for all areas and occupational groups in the facility except for respiratory therapists. A problem evaluation is conducted in the pulmonary function laboratory (Section II.K). It is determined that the ventilation in this area is inadequate. Booths are installed for sputum induction. PPD testing and the risk assessment are repeated 3 months later. If the repeat testing at 3 months indicates that no more conversions have occurred, the respiratory therapists will return to the low-risk protocol.

Hospital E. Hospital E is located in a community that has a relatively low incidence of TB. To optimize TB services in the community, the four hospitals in the community have developed an agreement that one of them (e.g., Hospital G) will provide all inpatient services to persons who have suspected or confirmed TB. The other hospitals have implemented protocols in their ambulatory-care clinics and emergency departments to identify patients who may have active TB. These patients are then transferred to Hospital G for inpatient care if such care is considered necessary. After discharge from Hospital G, they receive follow-up care in the public health department's TB clinic. During the preceding year, Hospital E has identified fewer than six TB patients in its ambulatory-care and emergency departments and has had no PPD test conversions or other evidence of *M. tuberculosis* transmission among HCWs or patients in these areas. These areas are classified as low risk, and all other areas are classified as very low risk.

Hospital F. Hospital F is located in a county in which no TB cases have been reported during the preceding 2 years. A risk assessment conducted at the facility did not identify any patients who had suspected or confirmed TB during the preceding year. The facility is classified as minimal risk.

C Identifying, Evaluating, and Initiating Treatment for Patients Who May Have Active TB

The most important factors in preventing transmission of *M. tuberculosis* are the early identification of patients who may have infectious TB, prompt implementation of TB precautions for such patients, and prompt initiation of effective treatment for those who are likely to have TB.

1. Identifying patients who may have active TB

- Health-care personnel who are assigned responsibility for TB infection control in ambulatory-care and inpatient settings should develop, implement, and enforce protocols for the early identification of patients who may have infectious TB.

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

April 14, 1995

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions which will allow a **provider-wide** partial **exception** to the requirements of Regulation **61-17**, Standards for Licensing Nursing Homes, **Sections I.(2)(a) & I.(2)(a)(1).**

R61-17, Sections I.(2)(a) requires, in part, that, "Each resident shall be provided with a comfortable bed, a mattress with moistureproof cover and a pillow..." R61-17, Section I.(2)(a)(1) states, "There shall be at least 2 lockable casters on each bed, located either diagonally or on the same side of the bed."

It has been the practice of the Department to apply the requirements for casters, as outlined in R61-17, Section I.(2)(a)(1), as applicable only when the resident is cared for in a hospital style bed. Thus, casters are not required when residents are cared for in other than hospital style beds.

We have determined that an alternative standard to R61-17, I.(2)(a), will be acceptable. Nursing homes shall meet either the standards outlined in R61-17, Sections I.(2)(a), or the alternative standard as outlined below.

In the interest of minimizing resident restraint, nursing homes will be permitted to remove a resident bed and place the mattress on a platform or pallet under the following conditions:

1. The decision to remove a resident bed shall be based on case by case assessment to assure attention to individual resident needs. This assessment must include:

   a. the recommendation of the interdisciplinary care team or other appropriate committee as designated by facility procedure, and

   b. physician order

2. Appropriate housekeeping procedures shall be developed to assure that resident rooms are kept neat and clean regardless of the type of "bed" provided.

This exception applies to any nursing home licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

AS:DG

cc: Douglas E. Bryant
Alice Truluck
Karen Price
J. Randall Lee, SCHCA
Elaine E. Guyton, SCANPHA
Louetta A. Slice, SCNHA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

May 5, 1995

MEMORANDUM

TO: Hospital and Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions that will allow a **provider-wide** partial **exception** to the requirements of **Regulation 61-16**, Standards for Licensing Hospitals and Institutional General Infirmaries, **Section 1005.2**, and **Regulation 61-17**, Standards for Licensing Nursing Homes, **Section J.(4)(b)(2).**

R61-16, Section 1005.2, requires that, "All linen from patients with infectious or communicable diseases shall be placed in durable bags identified 'contaminated' and transported in these closed bags to the soiled linen holding area or laundry." R61-17, Section J.(4)(b)(2), requires that, "All linen, restraints and resident clothes from residents with infectious or communicable diseases shall be placed in durable bags identified 'Contaminated' and transported in these closed bags to the soiled linen holding area or laundry."

After careful review of the OSHA document Occupational Exposure to Bloodborne Pathogens, 29 CFR Part 1910.1030, published in the Federal Register on December 6, 1991, and in the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and welfare of patients cared for in South Carolina hospitals or of residents cared for in South Carolina nursing homes, we have determined that an alternative standard will be considered as acceptable.

All hospitals and nursing homes will be required to meet the standard outlined in their respective licensing standard, R61-16 Section 1005.2, or R61-17, Section J.(4)(b)(2), or, as an alternative:

> When a facility utilizes Universal Precautions in the handling of all soiled linen, alternative labeling or color-coding of bagged soiled linen is sufficient if it permits all on-site or off-site handlers to recognize the containers as requiring compliance with Universal Precautions. Examples of alternative labeling or color-coding might include, containers labeled, "UNIVERSAL PRECAUTIONS" or red soiled linen bags.

This standard in R61-16, Section 1005.2 or R61-17, J.(4)(b)(2), will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any hospital or nursing home licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG

cc: Douglas E. Bryant
Alice Truluck
Robert Ball, M.D.
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William Yates, SCHA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

January 18, 1996

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions that will allow a **provider-wide** partial **exception** to the requirements of **Regulation 61-17**, Standards for Licensing Nursing Homes, **Sections G.(2)(b)(1) & (2).**

Regulation 61-17, Sections G.(2)(b)(1) & (2), require that the medical record include, "Record of Admission Physical Examination: (1) Medical history completed 5 days prior to or within 48 hours after admission. (2) Physical findings; diagnosis."

We have determined that an alternative standard to Regulation 61-17, Sections G.(2)(b)(1) & (2), will be acceptable. Nursing homes shall meet either the standards outlined in Regulation 61-17, Sections G.(2)(b)(1) & (2), or in the alternative:

> Medical records shall include a history and physical completed within 5 days prior to or within 2 business days (i.e., Monday through Friday) after admission on new admissions being transferred from a hospital (to include swing bed units) or hospital based nursing home. The history and physical requirements for residents admitted from other sources must meet the requirements as outlined in Regulation 61-17, Sections G.(2)(b)(1) & (2).

The standard in Regulation 61-17, Sections G.(2)(b)(1) & (2), will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any nursing home licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG:dg

cc: Douglas E. Bryant
Alice Truluck
Louetta A. Slice, SCNHA
Elaine E. Guyton, SCANPHA
J. Randall Lee, SCHCA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

March 22, 1996

MEMORANDUM

TO: Nursing Home Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions that will allow a **provider-wide** partial **exception** to the requirements of **Regulation 61-17**, Standards for Licensing Nursing Homes, **Section D.(3)(c).**

Regulation 61-17, Standards for Licensing Nursing Homes, Section D.(3)(c), requires in part, "Within one month prior to admission all first time residents shall have a physical examination including a two-step tuberculin skin test unless they have been documented to have been a previously positive reactor...In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six months, will not be required to undergo additional initial screening."

We have determined that an alternative standard to the institutional campus provisions of Regulation 61-17, Section D.(3)(c), will be acceptable. Institutional nursing homes (i.e., those located within the retirement community setting) shall meet either the standards outlined in Regulation 61-17, Section D.(3)(c), or in the alternative:

> Residents admitted from other parts of that particular institutional campus who have had TB screening done which meets the requirements outlined in this section (e.g., two-step PPD) and which was done within the last six months, will not be required to undergo additional initial screening. Furthermore, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section, will not be required to undergo additional screening prior to being admitted. However, residents admitted in this fashion and whose TB screening was done more than six months prior to admission shall undergo a single step TB skin test which shall be completed within the first week after being admitted from other parts of that institutional campus.

The standards in Regulation 61-17, Section D.(3)(c), will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any institutional nursing home licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG:dg

cc Douglas E. Bryant
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South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

May 20, 1996

MEMORANDUM

TO: Intermediate Care Facility for the Mentally Retarded, Hospital, Nursing Home, and Community Residential Care Facility Administrators

FROM: Alan Samuels, Director
Division of Health Licensing

SUBJECT: Conditions that will allow a **provider-wide** partial **exception** to the requirements of **Regulation 61-13**, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, **Section C.(2)(a)**; **Regulation 61-16**, Standards for Licensing Hospitals and Institutional General Infirmaries, **Section 404.1**; **Regulation 61-17**, Standards for Licensing Nursing Homes, **Section C.(2)(a)**; and **Regulation 61-84**, Standards for Licensing Community Residential Care Facilities, **Section 302**.

Standards outlined in Regulation 61-13, Section C.(2)(a); Regulation 61-16, Section 404.1; Regulation 61-17, Section C.(2)(a); and Regulation 61-84, Section 302., require that facility policies and procedures be reviewed at least annually. During inspections we have routinely checked for documentation which showed that this was done.

In the interest of establishing reasonable standards which do not compromise the health and welfare of residents/patients living in or receiving care in intermediate care facilities for the mentally retarded, hospitals, nursing homes, and community residential care facilities, we have determined that an alternative standard will be allowed.

All intermediate care facilities for the mentally retarded, hospitals, nursing homes, and community residential care facilities, must meet either the standards outlined in their respective licensing standard, **OR**, as an alternative:

> Procedures shall be revised as required in order to reflect actual facility practice. Additionally, facilities shall establish a time frame for overall review of all procedures. This time frame shall be documented in facility procedure and overall reviews shall be documented.

Facility staff shall work together with the appropriate governing body, management, medical staff, and clinical and managerial leaders in developing, reviewing, and revising procedures as needed. This exception does not change any other standards not specifically addressed in this letter.

The standards in Regulation 61-13, Section C.(2)(a); Regulation 61-16, Section 404.1; Regulation 61-17, Section C.(2)(a); and Regulation 61-84, Section 302., will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any intermediate care facility for the mentally retarded, hospital, nursing home, or community residential care facility licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call (803) 737-7202.

AS:DG:dg

cc: Alice Truluck, SCDHEC
Jim Kirby, SCDDSN
William Yates, SCHA
Christy Buchanan, SCARCH
Elaine E. Guyton, SCANPHA
J. Randall Lee, SCHCA
Louetta A. Slice, SCNHA

South Carolina
DHEC
Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

November 15, 1996

MEMORANDUM

To: Administrators of Licensed Hospitals, Nursing Homes, Intermediate Care Facilities for the Mentally Retarded, Community Residential Care Facilities, Ambulatory Surgical Facilities, Residential Treatment Facilities for Children and Adolescents, Outpatient Facilities for Chemically Dependent or Addicted Persons, Day Care Facilities for Adults and Renal Dialysis Facilities

Alan Samuels, Director
Division of Health Licensing

Reportable Accidents/Incidents which must be reported to Health Licensing

Licensing standards for your facility require you to notify this division in the event of certain accidents and incidents in your facility that are identified on the attachment to this memorandum. Reporting requirements for each facility vary. Despite these differences, we have established a data base to manage the information that has been submitted.

Our Assessment Program is charged with identifying and reviewing trends which impact the licensing of health and other care facilities and programs. At this time, emphasis is being given to the review of reportable accidents and incidents. Upon study of the information maintained in this data base, we anticipate being able to identify trends facilities and programs are currently experiencing. Upon trend identification, we plan to formulate specific courses of action. Those actions might include regulation amendment, promotion of educational opportunities, and to work in partnership with specific facilities regarding quality assurance programs. We are requesting your assistance with compilation of this data. Please review the current format that you are using to report incidents and accidents to insure it provides the following information:

Facility/Program Name	Extent/Type of Injury and How Treated, e.g. hospitalization
Client Age and Sex;	Identified Cause of Incident/Accident
Date of Incident/Accident/Location	Internal Investigation Results if Cause Unknown
Witness Names	Identity of Other Agencies Notified of Incident
	Date of the Report

The attached form for reporting incident reports is provided as a model. Use of this form is at your discretion. It is not intended to replace the form you are using to record incidents. **Regardless of the format you use, please insure that it includes the above noted information.**

ACCIDENT/INCIDENT REPORT

(Attach additional pages if necessary to provide full report)

Facility/Program Name: _____

Client Age:_____ Sex:_____ Date and Time of the Incident: _____

Specific location of the incident: _____

Describe time of last observation and resident condition: _____

_____

Incident witnessed by staff _____other clients _____visitors_____

Names of Witnesses: _____

Describe the incident and injury: _____

_____

_____

_____

_____

Describe client and witness statements that assisted in determining the cause of the incident: ___

_____

What caused the incident? If undetermined, summarize action to determine cause and investigative conclusions:_____ _____

_____

_____

At the time of this report the investigation has not been concluded. Investigative results will be forwarded: _____ (Check if applicable.)

Physician: _____ Responsible Party: _____

Was the physician notified? Date/Time_____Orders:_____

Responsible Party? Date/Time_____

If the physician and/or responsible party were not notified, please explain why: _____

_____

Describe treatment provided at the facility, physician's office, and/or hospital emergency room:

_____

_____

Was the client hospitalized?(circle)Yes No Where?_____

Was the incident reported to other agencies with oversight of the facility/program, e.g., Law Enforcement, Ombudsman, ? No Yes

Agency(ies):_____ By letter(s):_____ phone:___

fax(s): _____ Date/time:_____ Person(s)Contacted _____

Describe preventive actions, if any, taken by the facility in response to the incident:

_____

_____

_____

I certify the above information to be a true and accurate description of the incident.

_____ _____

Signature and title of person making report Date

R61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 206.2:

> A record of each accident and/or incident occurring in the facility, including medication errors and adverse drug reactions, shall be retained. Incidents resulting in death or serious injury, e.g., a broken limb, shall be reported, in writing, to the Division of Health Licensing within ten days of the occurrence.

R61-17, Standards for Licensing Nursing Homes, Section B.(7) and R61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(7):

> (a) A record of each accident and/or incident, involving residents, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within ten days of the occurrence.
> (b) Serious injuries shall be considered as, but not limited to fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.
> (c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accord with facility policy.

R61-84, Standards for Licensing Community Residential Care Facilities, Section 903, in part,:

> Incidents, accidents and/or sudden illness resulting in death, and serious injury or illness requiring hospitalization shall be reported, in writing to the Division of Health Licensing of the department within 10 days of the occurrence.

R61-91, Standards for Licensing Ambulatory Surgical Facilities, Section 304. H.:

> The following essential documents and references shall be on file in the administrative office of the facility: . . .
> H. A record of each accident or incident occurring in the facility, including medications errors, and adverse drug reactions. Incidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence.

R61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section C.(4)(h):

> The following essential documents and references shall be on file in the administrative office of the facility:

(h) a record of each accident or incident occurring in the facility, including medications errors and drug reactions. Incidents resulting in hospitalization or death shall be reported in writing to the Department within 10 days.

R61-93, Standards for Licensing Outpatient facilities for Chemically Dependent or Addicted Persons, Section 302.C:

The administrator shall take all reasonable precautions to assure that no client is exposed to, or instigates such behavior as might be physically or emotionally injurious to himself or to another person at the facility.

1.The facility shall have written plans outlining measures to be taken when any incident resulting in injury or death occurs at the facility.

2. Such incident shall be reported in writing to the S.C. Department of Health and Environmental Control within 5 days of the occurrence.

R61-75, Standards for Licensing Day Care Facilities for Adults, Section F.(3)(d):

(d) Incident and Accident reports: A record of each accident or incident occurring in the facility shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the Department within 10 days of the occurrence.

R61-97, Standards for Licensing Renal Dialysis Facilities, Section 310:

A record of each accident or incident occurring in the facility, including medication errors and adverse drug reactions shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence. Accidents and incidents that must be recorded include but are not limited to:

A. Those leading to hospitalization;
B. Those leading to death;
C. Use of the wrong dialyzer on patient;
D. Blood spills of more than 75ml,;
E. Hemolytic transfusion reactions;
F. Reactions to dialyzers.

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

July 27, 1998

MEMORANDUM

TO: Administrators, Nursing Homes

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: New SC Code Affecting DHEC Standards

Regulation 61-17, Standards For Licensing Nursing Homes, Sections E(3)(c) and (e) require certain staffing ratios. Section 44-7-262 has been added to the SC Code of Laws, which will modify the staffing requirements of these sections of the regulation.

Attached is a copy of the law. Compliance with this law in lieu of the current standards will be necessary by its effective date of January 1, 1999.

Should you have any questions regarding this change, please call Dennis Gibbs at (803) 737-7370.

JLP/JML

Enclosure

SECTION 46

TO AMEND THE 1976 CODE BY ADDING SECTION 44-7-262 SO AS TO ESTABLISH MINIMUM PATIENT-STAFF RATIOS FOR STAFF PROVIDING NURSING CARE IN NURSING HOMES AND MAKING THOSE MINIMUM STAFFING RATIOS A CONDITION OF LICENSURE.

A. The 1976 Code is amended by adding:

"Section 44-7-262. (A) As a condition of licensure, in addition to the number of licensed nursing personnel required by R61-17, or any other regulation, a nursing home must provide at a minimum these resident-staff ratios for staff who provide nursing care:

(1) 9 to 1 for shift 1;

(2) 13 to 1 for shift 2;

(3) 22 to 1 for shift 3.

In those facilities utilizing two twelve-hour shifts, the staffing ratios for shift one apply to the twelve-hour shift occurring primarily during the day, and the staffing ratios for shift three apply to the twelve-hour shift occurring primarily during the night.

(B) For purposes of this section:

(1) 'Shift 1' means a work shift that occurs primarily during the daytime hours including, but not limited to, a 7:00 a.m. to 3:00 p.m. shift;

(2) 'Shift 2' means a work shift that generally includes both daytime and evening hours including, but not limited to, a 3:00 p.m. to 11:00 p.m. shift;

(3) 'Shift 3' means a work shift that occurs primarily during the nighttime hours including, but not limited to, an 11:00 p.m. to 7:00 a.m. shift."

B. This section takes effect January 1, 1999.

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

October 27, 1998

MEMORANDUM

TO: Administrators, Facilities/Activities Licensed by the Department

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions that will allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-84 and 90, and Clarification of Requirements of Regulations 61-13, 16, 17, 75, 77, 78, 91, 93, 97, 102, and 103

Standards outlined in Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 204.B; and Regulation 61-90, Standards for Licensing Chiropractic Facilities, Section 204, require that physical examinations for employees prior to employment be conducted by a physician. This standard has been routinely surveyed during licensing inspections for indications that the physicals have been accomplished and by a physician.

Standards outlined in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B(4)(b); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 204.B; Regulation 61-17, Standards for Licensing Nursing Homes, Section B(4)(b); Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.5.g; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 301.E; Regulation 61-78, Standards for Licensing Hospices, Section 301.B; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 305; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 204.B; Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 305; Regulation 61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives, Section C.5.a; and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section C(5)(a), require that physical examinations for employees be conducted prior to employment. These standards, however, do not address who will conduct the physical.

In the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of clients/participants/patients/residents receiving care/treatment in the above facilities/activities, it has been determined that an alternative standard will be allowed.

All facilities/activities referred to above must meet either the standards outlined in their respective licensing standards, **OR**, as an alternative:

In order to insure that a new employee is medically capable of performing his/her job duties, a health assessment, to include required tuberculin skin testing, shall be conducted prior to direct client/participant/patient/resident contact by one of the following:

1) Medical Doctor or Doctor of Osteopathy;

2) Physician's Assistant;

3) Nurse Practitioner;

4) Registered Nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders must be reviewed annually, with a copy maintained at the facility/activity.

This exception does not change any other standards not specifically addressed in this memorandum. The standards in the above-referenced sections of the appropriate regulations will be enforced during licensing inspections, as required either by the applicable regulation or this provider-wide exception. This exception applies to any of the above facilities/activities licensed by this Department, and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in its revocation by the Department.

Should you have any questions, please call (803) 737-7370.

JLP:GM:

cc: Alice Truluck, SCDHEC
Karen Price, Bureau of Certification
SC Adult Day Services Association
SC Assoc for Res Care Homes
SC Board of Nursing
SCDAODAS
SC Freestanding Amb Surg Ctr Assoc
SCDMH
SC Health Care Association
SC Home Care Association
SC Hospital Association
Hospice for the Carolinas
Renal Dialysis Advisory Council
Residential Care Committee
SCDDSN
SCDSS

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

December 7, 1998

MEMORANDUM

TO: Administrators of Nursing Homes, Day Care Facilities for Adults, Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, and Community Residential Care Facilities

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions that will Allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-13, 61-17, 61-75, and 61-84

Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions Section N(6)(d)(2), and Regulation 61-17, Standards for Licensing Nursing Homes, Section K.(11)(d)(5), state that, "No live birds or animals shall be allowed in any food preparation, food storage or dining area." Similar requirements are located in Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section G.6, which states "Management shall ensure that, if pets are kept in or outside the facility, only healthy animals are permitted, provided they are properly cared for, free of contagious disease or sickness, housed in clean facilities, and, if dogs or cats, have required rabies inoculations." In addition, in the community residential care facility (CRCF) setting under the authority of Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 307 requires that, "Healthy animals which present no apparent threat to the health and safety of the residents shall be permitted provided they are properly housed, fed, and cared for, and provided they have the required inoculations."

It has been determined that an alternative standard to the "no birds or animals will be allowed in the dining area" requirement as found in Regulations 61-13 and 61-17 will be acceptable. Habilitation centers for the mentally retarded or persons with related conditions and nursing homes shall meet either the standards outlined in Regulation 61-13, Section N(6)(d)(2), and Regulation 61-17, Section K(11)(d)(5), respectively, or as an alternative:

Pets will be permitted in resident dining/activities areas only under the following conditions:

1. Pets will be allowed in these areas only during times when food is not being served.

2. If the dining/activities area is adjacent to a food preparation or storage area those areas must be effectively separated by walls and closed doors while pets are present.

3. All other requirements related to pets (e.g., pets shall be inoculated or vaccinated as required) must be followed.

In addition, day care facilities for adults and CRCF's may also allow pets in the participant/resident dining area if the standards in Regulation 61-75, Section G.6, and Regulation 61-84, Section 307, and the above conditions are met.

The standards in the regulations indicated above will be enforced during inspections, as required, either by the appropriate regulation or this provider-wide exception. This exception applies only to those types of facilities named above and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, please call Dennis Gibbs at (803) 737-7370.

JLP:DLG:dg

cc: Douglas E. Bryant, Commissioner
Alice Truluck,
Karen Price, Certification Branch
Robert F. Bowles, SCNHA
Paul Jeter, SCADSA
Bill Trawick, SCANPHA
J. Randall Lee, SCHCA
Vicki Rinere, SCDMH
Christy Buchanan, SCARCH
Brad Beasley, SCDDSN

D H E C

PROMOTE PROTECT PROSPER

December 7, 1998

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100th calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch
Office of Fire and Life Safety
Office of Certification of Need

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

June 2, 1999

MEMORANDUM

TO: Administrators of Chiropractic Facilities, Community Residential Care Facilities, Habilitation Centers For The Mentally Retarded, Nursing Homes, and Residential Treatment Facilities for Children and Adolescents

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-90, Chiropractic Facilities, Section 906.C; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1006.B.3.a; Regulation 61-13, Habilitation Centers For The Mentally Retarded, Section N(2)(b)(1)(a); Regulation 61-17, Standards For Licensing Nursing Homes, Section K(6)(f)(2)(a); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section I(1)(c)(1)(a)

Regulation 61-90, Section 2501.B, requires that, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 140 degrees F. or above)." Regulations 61-84, 61-13, 61-17, and 61-103 require that "all potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

Chapter II, Section B.1 of the DHEC Regulation 61-25, Retail Food Establishments, requires that "The temperature of potentially hazardous food shall be 45 degrees F. (7.2 degrees C.) or below, or **130 degrees F**. (54 degrees C.) or above, at all times except as otherwise provided in this regulation." It has been determined that the 140 degrees F. high range temperature for unsafe food storage indicated in the afore-mentioned regulations may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All chiropractic facilities, community residential care facilities, habilitation centers for the mentally retarded, nursing homes, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective

licensing standard, i.e., R61-90, Section 906.C, R61-84, Section 1006.B.3.a, R61-13, Section N(2)(b)(1)(a), R61-17, Section K(6)(f)(2)(a); or R61-103, Section I(1)(c)(1)(a), **or, as an alternative**:

> For chiropractic facilities, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 130 degrees F. or above)." For the other facilities identified, "All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

These exceptions apply to any chiropractic facility, community residential care facility, habilitation center for the mentally retarded, nursing home, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
J. Randall Lee, SCHCA
Louetta Slice, SCNHA
Brad Beasley, SCDDSN
Karen Price, Certification Branch

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

October 2, 2001

MEMORANDUM

TO: Administrators of Nursing Homes and Residential Treatment Facilities For Children and Adolescents

FROM: Jerry L. Paul, Director
Division of Health Licensing

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-17, Standards For Licensing Nursing Homes and Regulation 61-103, Standards for Licensing Residential Treatment Facilities For Children and Adolescents

Regulation 61-17, Section B.(7)(g), requires that, "The facility shall have a written transfer agreement with one or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the nursing home . . . The agreement shall be updated to assure that it continues in effect following changes in ownership or administration and at any other time as deemed advisable to maintain or further improve continuity of care." Also, Regulation 61-103, Section C.(6)(a) requires a similar transfer agreement which indicates that "The agreement shall be updated to assure that it continues in effect following changes in administration or ownership, and at any other time deemed advisable to improve continuity of care."

Since the agreements with hospital(s), as referenced above, are between the hospital(s) and the nursing home, or between the hospital(s) and the residential treatment facility for children and adolescents, changes in administration would not affect the validity of the agreement. Therefore, in the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of clients served in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All nursing homes and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each respective regulation, i.e., R61-17, Section B.(7)(g), and R61-103, Section C.(6)(a), or, as an alternative these providers may choose to not update agreements with hospitals when there are administration changes, e.g., administrator, executive director.

This exception applies only to nursing homes and residential treatment facilities for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Dennis Gibbs at (803) 545-4370

JPL/jml

cc: C. Earl Hunter
Leon B. Frishman
Alice Truluck
Randall Lee, SCHCA
Vicki Moody, SCANPHA
DHL Staff

D H E C
PROMOTE PROTECT PROSPER
2600 Bull Street
Columbia, SC 29201-1708

December 8, 2003

MEMORANDUM

TO: Hospital; Nursing Home; Intermediate Care Facility for the Mentally Retarded; and, Community Residential Care Facility Administrators

FROM: Leon Frishman, Deputy Commissioner
Health Regulations

SUBJECT: Licensed Bed Capacity During An Emergency

Standards regarding maximum bed capacity are established in the licensing regulations for hospitals, nursing homes, intermediate care facilities for the mentally retarded and community residential care facilities. An example of one such standard is found at § 501. of Regulation 61-16, Standards for Licensing Hospitals & Institutional General Infirmaries, "No facility shall have set up or in use at any time more beds than the number stated on the face of the license except in cases of justified emergencies…" Furthermore, § 502. of Regulation 61-16, addresses the location of beds, "Beds shall not be placed in corridors, solaria or other locations not designated as patient room areas except in cases of justifiable emergencies." Due to recent inquiries the Department is providing guidance on emergency situations and when additional beds (over and above licensed bed capacity) may be set up and utilized.

A facility desiring to temporarily admit patients/residents in excess of licensed bed capacity due to an emergency should do the following:

1. Request that the Department concur that an emergency situation does exist by contacting the:
    a. Director of the Division of Health Licensing at (803) 545-4370, or;
    b. Director of the Bureau of Health Facilities Regulation at (803) 545-4370, or;
    c. Assistant Deputy Commissioner for Health Regulations at (803) 545-4200.
2. The facility should be prepared to:
    a. outline the maximum number of patients/residents to be temporarily admitted, and;
    b. an anticipated date for discharge of the temporary patients/residents, and;
    c. how and where the temporary patients/residents will be housed.

3. Patients/residents temporarily admitted during a declared disaster will not be required to undergo tuberculin screening or submit to an admission history and physical examination.
4. The facility shall notify the Department when the temporary patients/residents have been discharged.

Other issues such as who will staff the care of the temporary patients/residents, physician orders, additional food for the temporary patients/residents, and handling of medications should be resolved ahead of time by memorandums of agreement, internal policies and procedures, etc.

If we may be of further assistance on this subject, please contact the Division of Health Licensing at (803) 545-4370.

cc: James R. Walker, Jr., SCHA
J. Randall Lee, SCHCA
Vicki Moody, SCANPHA
Karen Price, DHEC
Beverly Patterson, DHEC
Nancy Layman, DHEC
DHEC DA's
Melody Rawls, SCARCH
P. Scott Jones, SCNHA
Brad Beasley, SCDDSN
Kevin Ridenour, DHEC
Shirley Hollingsworth, DHEC
John Simkovich, DHEC
DHEC DMD's

D H E C
PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

September 22, 2005

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Intermediate Care Facilities, Hospice Inpatient Facilities

FROM: Dennis L. Gibbs, Director
Division of Health Licensing

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries, Section 504.; Regulation 61-17, Standards for Licensing Nursing Homes, Section D.(6)(b); Regulation 61-13, Habilitation Centers For The Mentally Retarded or Persons With Related Conditions, Section D.(6)(b); Regulation 61-78, Standards for Licensing Hospices, Section 2406.B.

Regulation 61-16, Section 504. requires that, "Hospitals shall provide oxygen for the treatment of patients. When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously and cylinders shall be properly secured in place." Regulation 61-17, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. All cylinders shall be secured." Regulation 61-13, Section D.(6)(b) requires that, "When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. Cylinders shall be secured." Regulation 61-78, Section 2406.B. requires that, "Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place."

Smoking in healthcare facilities may result in fires and the adoption and enforcement of appropriate smoking policies is essential for effective fire prevention. Many licensed facilities have established "No Smoking" policies and procedures that is an important step in improving the level of fire safety in healthcare facilities. The National Fire Protection Association (NFPA) 99, Standard for Healthcare Facilities, 2002 edition, Section 9.6.3.2.2 states, "In health care facilities where smoking is prohibited and signs are (strategically) placed at all major entrances, secondary signs with no-smoking language shall not be required." Additionally, Section 9.6.3.2.3 states, "The nonsmoking policies shall be strictly enforced."

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients, residents, or clients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable. All hospitals, nursing homes, intermediate care facilities, and hospice inpatient facilities will be required to meet the standard outlined in each facility's respective licensing standard, *i.e.*, Regulation 61-16, Section 504; Regulation 61-17, Section D.(6)(b); Regulation 61-13, Section D.(6)(b); Regulation 61-78, Section 2406.B., or, as an alternative:

> Only in "Smoke-Free" facilities, "No Smoking" signs shall not be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being administered provided all 3 of the following conditions are met:
>
> 1. Smoking is prohibited; and
>
> 2. The facility nonsmoking policy is strictly enforced; and
>
> 3. "Smoke-Free" signs are strategically placed at all major entrances.

"No Smoking" signs will still be required in and in the vicinity of patient, resident, or client bedrooms where oxygen is being **stored, as well as all other required areas of the facility**.

These exceptions apply to any hospital, nursing home, intermediate care facilities, or hospice inpatient facility licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to these exceptions may result in revocation of these exceptions by the Department.

If there are questions, please call 803-545-4370.

DLG/REL/jml

cc: Bureau of Certification
Fire and Life Safety Program
Division of Certification of Need

Standards for Licensing Nursing Homes
Regulation 61-17

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DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Section 44-7-250

61-17. Standards for Licensing Nursing Homes.

A. Definitions and Interpretations

(1) Definitions

For the purpose of these Standards the following definitions shall apply:

(a) Accidents/Incidents shall be considered as, but not limited to, medication errors, adverse drug reactions, missing residents, and verbal or written threats to harm the health and welfare of the residents.

(b) Attic means the space between the finished ceiling of the top habitable story and the roof sheathing or decking.

(c) Automatic Sprinkler System means an arrangement of piping and sprinklers designed to operate automatically by the heat of fire and to discharge water upon the fire.

(d) Basement means that portion of the building having less than half its clear height above the average grade of the adjoining ground.

(e) Department means South Carolina Department of Health and Environmental Control.

(f) Designee means a physician, dentist, osteopath or podiatrist selected by a prescriber to sign orders for medication or treatment in the prescriber's absence.

(g) Existing Facility means one which was in operation and/or which began the construction or renovation of a building with approved plans for the purpose of operating the facility prior to adoption of these Standards. The Licensing Standards governing "new facilities" apply if and when an "existing facility" is not continuously operated and licensed under these Standards or is an existing building going to be licensed for the first time.

(h) Exit means that portion of a means of egress which is separated from the area of the building from which escape is to be made, by walls, floors, doors or other means which provide the protected path necessary for the occupants to proceed with safety to the exterior of the building.

(i) Fire-Resistive Rating means the time in hours or fractions thereof that materials and their assemblies will resist fire exposure as determined by fire tests conducted in compliance with recognized standards, i.e., NFPA, ASTM.

(j) First Floor means that story which is of such height above grade that it does not come within the definition of a basement or that story located immediately above a basement.

(k) Institutional Nursing Home means a nursing home (established within the jurisdiction of a larger nonmedical institution) which maintains and operates organized

facilities and services to accommodate only students, residents or inmates of the institution.

(l) Licensee means the legal entity with whom rests the ultimate responsibility for maintaining approved Standards for the facility.

(m) New Facility means one which began operation and/or one which began construction or renovation of a building for the purpose of operating the facility after adoption of these Standards.

(n) Nursing home means a facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing nursing care for persons who are not in need of hospital care.

(o) Nursing Station means an area of a facility which is the central focus of resident management, nursing function, and service for a nursing unit. This area may also be used for administrative functions by other disciplines which provide services to the residents of the facility. A nurses' station shall serve not more than 44 beds. (See Section Y.(7) also.)

(p) Resident means any person residing in a nursing home.

(q) Story means that portion of a building included between the upper surface of any floor and the under surface of the floor or roof next above. For the purpose of these Standards, this definition does not apply to basements.

(2) Interpretations

(a) License required for facility operation: No facility shall be established, conducted or maintained in the State without first obtaining a license therefor in the manner herein prescribed. (l)

(b) A license is issued pursuant to the provisions of Section 44-7-250 et seq. of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder. The license certificate shall be posted in a conspicuous place in a public lobby, waiting room, or other area immediately accessible to public view. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws of the State of South Carolina.

(c) Effective Date and Term of License: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility that has not been inspected during that year may continue to operate under its existing license until an inspection is made.

(d) Separate Licenses: Separate licenses are required for facilities not maintained on the same premises. Separate licenses may be issued for facilities maintained in separate buildings on the same premises. Each building of a licensed facility must be staffed in accordance with Section E.

(e) Licensing Fees: Each applicant shall pay an annual license fee prior to issuance of the license. The fee shall be $50.00 for the first 10 beds and $.25 per bed over 10 through December 31, 1991. For licenses issued beginning January 1, 1992, the fee shall be $10.00 per bed.

(f) Facilities Exempt from these Standards:

(1) Any facility which is owned and operated by the federal government.

(2) Facilities providing domiciliary care and personal care services such as room, board, laundry and personal services incidental to the activities of daily living which do not require the technical skill, services or supervision of a licensed nurse.

(g) Inspections: All facilities to which these requirements apply shall be subject to inspection at any time without prior notice by properly identified personnel of the Department. Medical records, statistical reports, accident/incident reports, and other documents required by the regulations shall be maintained and available for review during an inspection.

(h) Initial License: A new facility, or one that has not been continuously licensed under these or prior Standards, shall not admit residents until it has been issued an initial license. An initial license will not be issued until the applicant has demonstrated to the satisfaction of the Department that the facility is in compliance with the Licensing Standards set forth hereunder.

(i) Noncompliance: When noncompliances of the Licensing Standards are detected by means of inspection or investigation, the applicant or licensee will be notified of the violations and at the same time requested to provide information as to when such items will be corrected.

(j) Exceptions to Licensing Standards: The Department reserves the right to make exceptions to these Standards where it is determined that the health and welfare of the community requires the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's occupants.

(k) Change of License: A facility shall request issue of an amended license, by application to the Department, prior to any of the following circumstances: (II)

(1) Change of ownership by purchase or lease.

(2) Change of facility's name or address.

(3) Addition or replacement of beds

(4) Reduction of number of licensed beds.

(3) Types of Licenses

Each nursing home license will specify the number and type bed(s) authorized for each facility as indicated below.

(a) nursing home;

(b) institutional nursing home;

(4) Penalties

As provided in Section 44-7-320 of the South Carolina Code of Laws of 1976, as amended, the department may deny, suspend, or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The department shall exercise discretion in arriving at its decision to take any of these actions. The department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions. The notations, "(I)" or "(II)," placed within sections of this regulation, indicate those standards whose failure to meet are considered Class I or II violations, respectively. Failure to meet standards not so annotated are considered Class III violations. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount.

Frequency of violation of standard within a 24-month period	MONETARY PENALTY RANGES Class I	Class II	Class III
1st	$ 200 – 1000	$ 100 – 500	$ 0
2nd	500 – 2000	200 – 1000	100 - 500
3rd	1000 – 5000	500 - 2000	200 – 1000
4th	5000	1000 – 5000	500 - 2000
5th	5000	5000	1000 – 5000
6th and more	5000	5000	5000

(a) Class I violations are those which the Department determines present an imminent danger to the residents of the facility or a substantial probability that death or serious harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(b) Class II violations are those which the Department determines have a direct or immediate relationship to the health, safety or security of the facility's residents other than Class I violations. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(c) Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

(d) Violations of Section 44-7-320.A (2) and (4) ***[See Note]*** of the South Carolina Code of Laws of 1976, as amended, quoted below, are considered Class I violations: "(2) permitting, aiding, or abetting the commission of any unlawful act relating to the securing of a Certificate of Need or the establishment, maintenance, or operation of a facility requiring certification of need or licensure under this article;" "(4) refusing to

admit and treat alcoholic and substance abusers, the mentally ill, or mentally retarded, whose admission or treatment has been prescribed by a physician who is a member of the facility's medical staff; or discriminating against alcoholics, the mentally ill, or mentally retarded solely because of the alcoholism, mental illness, or mental retardation."

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320(A)(1)(b) and (A)(1)(d)]

B. Management.

(1) Application

Applications for license shall be filed on forms furnished by the Department. Prospective licensees shall file application under oath with the Department. Licensees shall file such application annually. An application shall be signed by:

(a) the owner(s) if an individual or partnership; or

(b) in case of a corporation by two of its officers; or

(c) in case of a governmental unit by the head of the governmental department having jurisdiction over it.

The application shall set forth the full name and address of the facility for which the license is sought and of the owner in case his address is different from that of the facility, the names of the persons in control of the facility and such additional information as the Department may require including affirmative evidence of ability to comply with reasonable standards, rules and regulations as may be lawfully prescribed. No proposed facility shall be named nor may an existing facility have its name changed to the same or similar name as any other health care facility licensed in the State.

(2) Licensee

A prospective licensee shall submit written evidence satisfactory to the Department that he is of reputable and responsible character. Each licensee shall maintain a copy of these Standards in the facility and shall be responsible for knowing these Standards. Each licensee shall be responsible for maintaining and implementing these Standards in the facility.

(3) Administrator

(a) Each facility shall appoint a full-time licensed administrator who has the necessary authority and responsibility for management of the facility. Any change in the position of administrator shall be reported immediately by the governing board or owner to the Department in writing. Such notification shall include, at a minimum, the name of the appointed individual, effective date of the appointment, and the number and expiration date of the current S.C. Nursing Home Administrator's License or written verification of an emergency license. (II)

(b) Administrators shall be duly licensed as a nursing home administrator by the S.C. State Board of Examiners for Nursing Home Administrators, and shall maintain a current license. (II)

(c) The administrator shall have sufficient freedom from other responsibilities and shall be present in the facility routinely at least 5 days per week. No administrator may serve more than one nursing home.

(d) The administrator shall appoint in writing an individual to act as administrator in the absence of the administrator. (II)

(e) An administrator who is a registered nurse or licensed practical nurse cannot be included in meeting the requirements of Section E.

(4) Employees

(a) The licensee shall obtain a written application from each employee prior to employment. Such application shall contain information as to education, training, experience, health and personal background of each employee. The licensee shall retain this file. (II)

(b) On employment and no more than three months prior to employment, all new employees, volunteers and private sitters who have contact with residents shall have a physical examination which shall include a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used. Employees, volunteers and private sitters with tuberculin test reactions of 10mm or more of induration should be referred for appropriate evaluation. The two-step procedure is advisable for initial testing in those who are 55 years of age and older in order to establish a reliable baseline.

(1) Employees, volunteers and private sitters with reactions of 10mm and over to the pre-employment tuberculin test, those who are documented with previously positive reactions, those with newly converted skin tests and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, or fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment should be given and contacts examined.

(2) There is no need to do initial or routine chest radiographs on employees, volunteers or private sitters with negative tuberculin tests who are asymptomatic.

(3) Employees, volunteers and private sitters with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this regulation.

(4) New employees, volunteers or private sitters who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.

(5) All employees, volunteers and private sitters who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician and will not be allowed to return to work until they have been declared noncontagious.

(6) Preventive treatment of new positive reactors without disease should be an essential component of the infection control program. It should be considered for all infected employees, volunteers and private sitters who have resident contact, unless

specifically contraindicated. Routine annual chest radiographs of positive reactors do little to prevent tuberculosis and therefore are not a substitute for preventive treatment.

(a) Employees, volunteers and private sitters who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.

(b) Positive reactors who are unable or unwilling to take preventive treatment need not receive an annual chest radiograph. These individuals must be informed of their lifelong risk of developing and transmitting tuberculosis to individuals in the institution and in the community. They shall be informed of symptoms which suggest the onset of tuberculosis, and the procedure to follow should such symptoms develop.

(7) Post exposure skin tests should be provided for tuberculin negative employees, volunteers and private sitters within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(8) A person will be designated at each institution to coordinate tuberculosis control activities.

(c) No person infected with or a carrier of a communicable disease which may be transmitted in the workplace, or having boils, open or infected skin lesions, or an acute respiratory infection shall work in any area in which resident contact may occur. (II)

(d) All persons assigned to the direct care of or service to residents shall be prepared through formal education or on-the-job training in the principles, policies, procedures and techniques involved so that the welfare of the residents shall be safeguarded. (II)

(e) All new personnel shall be presented an orientation to acquaint them with the organization and environment of the facility, the employee's specific duties and responsibilities, and residents' needs. All employees shall be instructed in the provisions of Section 43-30-10 ***[See Note]*** of the S.C. Code of Laws, "Client-Patient Protection Act" of 1979 and Section 44-81-10 of S. C. Code of Laws, Act 118, Acts of 1985 Bill of Rights for Residents of Long-Term Care Facilities. Documentation of this orientation program shall be included in each employee's personnel file.

[Note #1: This reference, as printed in the State Register, was repealed by Act #110, 1993 - Reference the Omnibus Adult Protection Act 43-35-5, et. seq.]

(f) Inservice training programs shall be planned and provided for all personnel to assure understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending.

(5) Voluntary Workers and Private Sitters

The requirements of Sections (b) and (c), above, are equally applicable to voluntary workers and private sitters who provide repeated direct resident care or who are involved in any food or food related preparation and handling at the facility.

(6) Emergency Call Data

Emergency call information must be posted in a conspicuous place, at least at every nursing station, so as to be immediately available to personnel of the facility. Emergency call data shall include at least the following information:

(a) Telephone number of fire and police department; (I)

(b) Name, address and telephone number of all personnel to be called in case of fire or emergency; (I)

(c) Name, address and telephone number of supervisory or consulting personnel to be called; (II)

(d) Name, telephone number and address of physician on call; (I)

(e) Telephone number of poison control center. (I)

(7) Reports and Records

(a) Accidents/Incident Reports: A record of each accident and/or incident, involving residents, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within 10 days of the occurrence.

(b) Serious injuries shall be considered as, but not limited to fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.

(c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accord with facility policy.

(d) Monthly Statistical Record: An accurate and up-to-date monthly statistical record shall be kept and must contain at least the following information: name; case number; age; sex; dates of admission, discharge or death; and days of care rendered during the month.

(e) The Department requires each health care facility to annually complete a questionnaire named "Joint Annual Report" and to return this report within the time period as specified in the report's accompanying cover letter.

(f) Fire Reports: A complete written report regarding every fire regardless of size or damage that occurs in the facility shall be prepared and promptly submitted to the Department within 10 days of the fire.

(g) Transfer Agreement: The facility shall have a written transfer agreement with one or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the nursing home whenever such transfer is deemed medically appropriate by the attending physician; or the nursing home shall have on file documented evidence that it has attempted in good faith to effect a transfer agreement. The transfer agreement shall be dated and signed by authorized officials of each facility that is a party to the agreement. The agreement shall provide reasonable assurance of mutual exchange of information necessary or useful in the care and treatment of individuals transferred between the facilities. The agreement shall be updated to assure

that it continues in effect following changes in ownership or administration and at any other time as deemed advisable to maintain or further improve continuity of care. (II)

(8) Disaster Preparedness

Each facility shall develop, in coordination with the appropriate fire department, law enforcement agency and/or disaster preparedness agency, an appropriate written plan to provide for the evacuation of residents and care of mass casualties which may result from natural or man-made disasters. The plan shall be rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained.

(9) Resident Rights

(a) The notice required by Section 44-30-70 of the S.C. Code of Laws of 1979, as amended, shall be prominently displayed.

(b) The Bill of Rights for Residents of Long Term Care Facilities from Section 44-81-10 of S. C. Code of Laws, Act 118, Acts of 1985, shall be prominently displayed. The grievance procedures required by the Act shall be posted adjacent to the notice. The facility shall have written policies and procedures which promote, enforce and protect resident rights.

(10) Continuity of Essential Services

Each facility shall develop plans to provide for the continuation of essential resident supportive services in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes. (II)

C. General Policies

(1) Number and Location of Beds

(a) Maximum Number of Beds: No facility shall have set up or in use at any time more beds than the number specified on the face of the license. (I)

(b) Location of Beds: Beds shall be placed at least three feet apart, and shall not be placed in corridors, solaria or other locations not designated as resident room areas. (II)

(2) Resident Care Policies

(a) Resident care policies shall be developed by the resident care policy committee or other committee designated in facility policy to serve this function. Such committee shall include the administrator, one or more physicians, one or more registered nurses and other related health personnel. The resident care policies will govern nursing and medical care or other services provided. These policies shall be reviewed at least annually and cover at least the following: admission and transfer, physician services, nursing services, dietary services, pharmaceutical services and emergency care. Actual practices and procedures must be in accord with facility policy. (II)

(b) Minutes of meetings of the resident care policy committee, relating to policies, procedures or evaluations of the facility must be retained.

(3) Age Restriction

Children under 12 years of age shall not be admitted to a facility caring for adults unless placed in a private room and written certification is obtained from the attending physician stating that proper care of the resident can be given.

D. Resident Care.

(1) General

(a) Each resident shall receive good personal hygiene, including skin care, shampooing and grooming of hair, oral hygiene, removal or trimming of facial hair, trimming of nails, and be free of offensive body odors. Each resident shall be encouraged and assisted to achieve and maintain the highest level of self care and independence. (I)

(b) Each resident shall be encouraged and assisted in self care and activities of daily living, and be given care which promotes skin integrity, proper body alignment and joint movement. (I)

(2) Physician Services

(a) Each resident (or legally appointed guardian or representative) shall designate a physician licensed to practice in South Carolina for the supervision of the care and treatment of the resident. (I)

(b) Unless otherwise documented by the physician, residents shall be seen by the attending physician no less frequently than every two months.

(c) A facility shall not restrict a resident's, guardian's or representative's choice in attending physician coverage, provided that the physician agrees to, and demonstrates that he will, provide care in accordance with facility policy.

(d) Each facility shall have at least one licensed physician available on call at all times.

(3) Admissions

(a) Residents shall be admitted to the facility only on physician orders. In the institutional nursing home setting, individuals living on that campus but outside the nursing home may be admitted by the nursing home administrator, provided that the admission is authorized by physician order within 48 hours of admission. (II)

(b) Discretion shall be exercised to avoid the admission of persons whose conditions indicate the need for a type of service and care that is not available in the nursing home. (II)

(c) Within one month prior to admission, all first time residents shall have a physical examination including a two-step tuberculin skin test unless they have been documented to have been a previously positive reactor. At the time of physical examination any applicant found to have symptoms of tuberculosis, e.g., cough, weight

loss, night sweats or fever, etc., or a prior positive tuberculin skin test shall have a chest radiograph to exclude the possibility of active tuberculosis disease. In the event that the two-step tuberculin skin test cannot be provided prior to admission, it must be done no later than one month after admission. The intradermal (Mantoux) method with five tuberculin units (TU) of stabilized purified protein derivative (PPD) is to be used, unless a previously positive reaction can be documented. The two-step procedure is required for initial testing in order to establish a reliable baseline. A tuberculin skin test reaction of 10 mm or more of induration is generally considered positive and requires further evaluation to rule out tuberculosis. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six months, will not be required to undergo additional initial screening.

(1) Persons found to have tuberculosis disease prior to admission should be evaluated for the risk of transmission and be prescribed appropriate treatment. A patient with contagious pulmonary tuberculosis will be admitted to a facility without adequate respiratory isolation only when the applicant has been determined to be noncontagious and certified as such by a licensed physician.

(2) Positive tuberculin test reactors should be evaluated for treatment with preventive therapy. Annual chest radiographs are not necessary and are not a substitute for preventive therapy.

(a) In the event a course of preventive therapy is not completed, the resident should have ongoing monitoring for the presence of symptoms of tuberculosis (e.g., weight loss, anorexia, cough, fever, etc.).

(b) All persons with symptoms suggesting tuberculosis (e.g., unexplained cough, anorexia, weight loss, fever, etc.) regardless of skin test reaction size should receive a chest radiograph within 72 hours. Those with abnormal chest radiographs and/or symptoms compatible with tuberculosis should have sputum smear and culture examinations for acid fast bacilli.

(c) Each tuberculin positive resident should be evaluated annually and a record should be kept of the evaluation which documents the presence or absence of the symptoms of tuberculosis.

(3) Post exposure skin tests should be provided for tuberculin negative residents within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.

(4) A person will be designated at each institution to coordinate tuberculosis control activities.

(4) Dental Services

(a) When a person is admitted to a nursing home, an oral assessment by a physician, dentist or registered nurse shall be conducted within two weeks to determine the consistency of diet which the resident can best manage and the condition of gums and teeth. A written report of this assessment shall be placed in the medical record.

(b) Each nursing home shall maintain names of dentists who can render emergency and other dental treatments. Residents shall be encouraged to utilize dental services of choice.

(c) Residents shall be assisted as necessary with daily dental care.

(5) Infection Control

(a) There shall be written policies and procedures for prevention and investigation of infections in the facility and for identifying reportable diseases. (II)

(b) As required by the Department's Regulation 61-20, Communicable Diseases, all cases of reportable diseases and any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences which threaten the welfare, safety or health of residents or personnel shall be reported immediately to the local health director. (II)

(c) A resident who has a communicable disease which poses a threat to the health or safety of other residents shall be isolated from other residents, if ordered by the attending physician. If the attending physician determines the resident cannot be managed at the facility, arrangements shall be made for transfer to an appropriate facility at the earliest practical time. (II)

(d) An appropriate room shall be made available if ordered by the attending physician for a resident who has a communicable disease which poses a threat to the health or safety of other residents or who for some other reason requires isolation. (II)

(e) When isolation precautions are implemented, appropriate signs regarding the type of isolation and necessary precautions to be taken shall be posted at the entrance to the resident room. (II)

(6) Oxygen

(a) Nursing homes shall provide oxygen for the treatment of residents, when ordered by the attending physician. (I)

(b) When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously. All cylinders shall be secured. (I)

E. Nursing and Direct Care Services.

(1) Organization

There shall be personnel adequate in number and skill in the facility at all times to provide appropriate care for the residents and to maintain supplementary services required by the facility.

(a) The authority, responsibility and function of each category of personnel shall be clearly defined by facility policy. (II)

(b) Personnel shall be assigned only duties for which they are trained.

(2) Nurse Licensing

Registered or practical nurses employed by a facility must be currently and continuously licensed to practice nursing in South Carolina during the period of their

employment. A copy of this license must be maintained in the facility. Only persons so licensed may perform duties requiring a registered or practical nurse. (II)

(3) Staffing Requirements

(a) Director of Nursing: The facility shall designate a registered nurse as a full-time Director of Nursing. The Director of Nursing shall have the necessary authority and shall be responsible for direction of the nursing service rendered in the facility. Another registered nurse, who is employed by the licensee, shall be designated in writing to act in his/her absence. In facilities with a licensed bed capacity of twenty-two or fewer residents the Nursing Director may be included in the requirements of Section (b) below. (II)

(b) Licensed Nursing Staff: (II)

(1) The required minimum number of licensed nurses for any nursing station which serves at least one resident is one per station per shift. If a nursing station serves more than forty-four residents, then that station is required to have two licensed nurses on all shifts.

(2) A registered nurse shall be available in the facility, or on-call, at all times.

(c) Non-licensed Nursing Staff: The required number of aides, orderlies and other non-licensed nursing personnel shall be determined by the number of residents assigned to beds at each nursing station. Non-licensed nursing staff shall be provided to meet at least the following schedule:

[Following ratios no longer apply. See SC Section 46 at beginning of this publication for the new required ratios]

Shift	Ratio of aides, etc., to Residents
1	1:11
2	1:15
3	1:22

(d) When resident care needs or other pertinent factors require, modification of the minimum staffing standards may be required for specific facilities.

(e) In those facilities utilizing two 12-hour shifts, the requirements for the day and night shifts, as specified in (c), above, apply.

(4) Procedure Manual

A procedure manual shall be written, reviewed at least annually and revised as necessary to be in accordance with currently accepted practices. A copy shall be available at each nursing station. The following requirements shall be specifically included and practiced:

(a) There shall be a care plan for each resident based on the nature of illness, treatment prescribed and other pertinent information. This plan shall include the care needed in the specialized departments and services, what methods and procedures are most successful with the resident and what modifications are necessary to ensure best results. Resident care plans shall be reviewed and revised as needed. (II)

(b) Administration of Medications: Medications shall be administered only by a physician, dentist, osteopath, podiatrist, registered pharmacist, registered nurse, licensed practical nurse, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse who is the student's instructor. (II)

(c) Safety Precautions: There must be a written order, to include length of time to be used, signed by the physician approving use of safety precautions either at the time they are applied to a resident or, in case of emergency, within 24 hours after they have been applied. Each procedure manual shall contain instructions on the specific precautions that may be used. (II)

(d) Cleaning and Use of Equipment and Supplies:

(1) Equipment coming into contact with residents shall be disinfected or sterilized after each use to maintain such equipment in a clean and sanitary condition. Disposable materials and equipment shall be used by one resident only, in accordance with manufacturer's recommendations and then disposed of in an acceptable manner. (II)

(2) Drinking water containers may not be used if made of porous materials unless the containers have smooth liners which can be easily cleaned. These containers/liners must be sanitized at least weekly or more often as necessary and identified for individual resident care. Disposable containers must be replaced at least weekly. (II)

F. Pharmaceutical Services.

(1) General

(a) Pharmaceutical services shall be provided by or under the direction of a registered pharmacist currently licensed in South Carolina. Pharmaceutical services shall be provided in accordance with accepted professional principles and appropriate federal, state and local laws and regulations. (II)

(b) Facilities which maintain stocks of drugs and biologicals for dispensing to inpatients or outpatients must obtain and maintain a valid, current pharmacy permit from the State Board of Pharmaceutical Examiners.

(c) Pharmaceutical services shall be provided by employment of a full-time or part-time pharmacist to administer the facility's pharmacy or pharmaceutical services shall be provided by community or institutional pharmacies.

(d) There shall be written policies and procedures governing the provision of pharmaceutical services.

(e) Current reference manuals such as Physicians' Desk Reference and information on the use of drugs shall be readily available at each nursing station.

(2) Medication Reviews

(a) A written agreement for the services of a consulting pharmacist is required. The consulting pharmacist shall visit the facility on a monthly basis and make recommendations concerning the handling, storing and labeling of drugs. The consulting pharmacist shall submit written reports to the administrator at least monthly

as to his assessment of the pharmaceutical services provided by the facility with any recommendations for improvement. A copy of this report must be retained and immediately available upon request.

(b) The pharmacist shall review the record of each resident receiving medication for potential adverse reactions, allergies, interactions and laboratory test modifications, and advise the physician of any recommended changes in the medication regimen. This review shall be conducted monthly and documented within the resident record. (II)

(3) Dispensing, Labeling and Storing Medications

(a) All medications prescribed for residents of the facility must be dispensed on the orders of a physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (I)

(b) The labeling of drugs and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength and lot number. As appropriate, labels shall include resident name and any identifying number. The prescribing physician's name and directions for use shall be on the label if it is not documented in another effective manner. (I)

(c) Residents' medications shall be stored in a locked drug room or locked cabinet at the nurses' station. If drug carts are utilized for storage, they must be kept locked when not in actual use. Medications requiring refrigeration shall be kept in a refrigerator used exclusively for that purpose in the drug room, or in a locked refrigerator used exclusively for medications, or in a locked box within a multi-use refrigerator at or near the nurses' station. Refrigerators shall be provided with a thermometer accurate to $\pm$3 degrees Fahrenheit. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications stored in those refrigerators. Keys to drug room, cabinet, refrigerator or drug cart on the nursing unit must be under the control of a designated licensed nurse. (I)

(d) Drugs listed in Schedule II of the Federal "Controlled Substance Act" shall be stored in separately locked, permanently affixed, compartments within a locked drug room, cabinet or a drug cart, unless otherwise authorized by a change in the State-Federal Law pertaining to the unit dose distribution system. (I)

(e) Medications, pharmaceutical preparations and biologicals restricted to prescription use must be dispensed on an individual basis for each resident and stored in their original container. Transferring between containers is forbidden. (I)

(f) Non-legend drugs which can be purchased without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained as stock in the facility for administration as ordered by the attending physician.

(g) Drug rooms and cabinets must be well-lighted and of sufficient size to permit orderly storage and preparation of medications. (II)

(h) Medications "For External Use Only" and poisons must be kept in a locked compartment and separate from other medications. Poisonous substances, such as cleaning and germicidal agents shall not be stored in drug storage areas. (I)

(i) Medication containers without labels, or which have damaged, incomplete or makeshift labels are prohibited. Medication in containers without labels must be destroyed per facility policy or returned to the pharmacy for identification. Containers with incomplete, damaged or makeshift labels must be returned to the pharmacy for relabeling. (II)

(j) Preparation of doses for more than one scheduled administration time shall not be permitted. Doses shall be administered by the qualified person who prepared them.

(k) Expired medications, biologicals, medical supplies and solutions shall be disposed of in accord with facility policy. (II)

(4) Control and Accountability

(a) There shall be procedures for control and accountability of all drugs and biologicals throughout the facility. Records of receipt, administration and disposition of all drugs shall be maintained in sufficient detail to enable an accurate reconciliation. The pharmacist or designee shall verify that drug records are in order and that an account of all drugs is maintained. (II)

(b) All medications destroyed must be documented. Medications that have been discontinued may be placed in a "hold" box; however, there must be a written order by the attending physician for each medication in this category. Such medications must not be held beyond a 90-day period unless so ordered by the physician, but in no case held beyond the expiration date of the drug. (II)

(c) Any unused portion of a prescription may be turned over to the resident on their discharge from the facility in accord with facility policy and on the prescriber's written order.

(d) Separate control sheets shall be maintained and checked each shift on any drugs listed in Schedule II, State and Federal "Controlled Substance Act." This record shall contain the following information: date, time administered, name of resident, dose, signature of individual administering, name of physician ordering drug and balances as verified by drug inventory. Unit dose systems shall comply with State and Federal Regulations. (II)

(e) Medications that are prescribed for a specific resident cannot be administered to another person. (II)

(f) (1) Self-administration of medications is allowed only on the specific written orders of the resident's attending physician. (Self-administered medications shall be recorded on the medication administration records by the appropriate licensed personnel.) (I)

(2) Prescribed and over-the-counter medications, e.g., nitroglycerin, skin ointments, etc., may be kept at bedside upon physician orders if kept in a closed area, such as the drawer of the resident's night stand, in accord with facility policy.

(5) Stop-Order Policies

All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall automatically be

stopped in accordance with written policies as established by the resident care policy committee.

(6) Emergency Drugs

A kit containing small quantities of drugs for emergency use shall be maintained at each nurses' station. The kit shall be readily available but must be kept sealed and properly secured. The kit shall contain such drugs as selected and approved by the resident care policy committee. Medications used from the kit in an emergency shall be replaced promptly by the pharmacist based on the chart order. (II)

(a) An inventory of drugs maintained in the kit shall be attached to or placed in the kit. Another inventory list shall be maintained at the nurses' station for quick reference.

(b) The pharmacist or designee shall inspect the kit at least monthly to see that all medications are accounted for, in date, and have been properly replaced when used. (II)

(c) The resident care policy committee may determine that one emergency kit can be readily accessible to, and adequately meet the needs of two or more nurses' stations. If such is the case, the action of the committee shall be incorporated into the facility's written policies, to include the location(s) of the emergency kit(s) and the justification for this determination. (In no case, however, shall there be less than one emergency kit on each resident floor.) (II)

(7) Conformance with Orders

(a) Drugs shall be administered in accordance with orders of the attending physician, dentist or other person legally qualified to prescribe drugs or biologicals for human consumption. (Also see Sections E.[4][b], G.[2][c] and [d], and G.[3]). (I).

(b) Procedures shall be established to ensure that drugs are checked against the prescriber's orders and that the dose of drug administered to that resident is recorded in the resident's record by the person who administers the drug. Recording shall include the drug, dosage, mode of administration, date, time and identification of the person administering the drug(s). Initials are acceptable when they can be identified readily by signatures. (I)

(8) Medication Errors and Adverse Drug Reactions

Medication errors and adverse drug reactions shall be reported immediately to the prescriber and other personnel as required by facility policy, and an appropriate entry made in the resident's medical record. (I)
(Refer to Section B.[7][b].)

G. Medical Records

(1) Rubber Stamp Signature

The use of rubber stamp signatures is acceptable under the following strict conditions:

(a) The physician whose signature the rubber stamp represents is the only one who uses it;

(b) The physician places in the administrative offices of the facility a signed statement to the effect that he is the only one who has the rubber stamp and is the only one who will use it. However, it must be emphasized that use of rubber stamp signatures is not permissible on orders for drugs listed as "Controlled Substances" under "Rules and Regulations Pertaining to Controlled Substances" R61-4 of the Department.

(2) Contents

Adequate and complete medical records shall be maintained for each resident. All entries shall be legibly written in ink or typed, dated and signed. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although the use of initials in lieu of licensed nurses' signatures is not encouraged, initials will be acceptable provided such initials can be readily identified by signature on each sheet on which the initials are used, or by signature on a master list which is maintained in the record at all times. (II)
A minimum medical record shall include the following:

(a) Identification Data:

(1) Name, county, occupation, date of birth, sex, marital status, religion, county of birth, father's name, mother's maiden name, husband's or wife's name, health insurance number, social security number, diagnosis, case number and dates of care. The name of the person providing information is desirable, also name, address and telephone number of person or persons to be notified in case of emergency. A consent form for treatment signed by the resident or his or her legal representative is required. (II)

(2) Admission agreement specifying available services and costs, and documentation of the explanation of the resident bill of rights and grievance procedures. (II)

(3) Name and telephone number of attending physician.

(4) Date and hour of admission.

(5) Date and hour of discharge.

(6) Signature of physician authorizing discharge and condition on discharge. (II)

(b) Record of Admission Physical Examination:

(1) Medical history completed 5 days prior to or within 48 hours after admission.

(2) Physical findings; diagnosis.

(3) Physician's orders for medication, treatment, care and diet must be reviewed and reordered no less frequently than every two months. (I)

(c) Record of All Physicians' Visits Subsequent to Admission: Progress notes shall be entered after each visit to the resident by the physician. Physician's orders for medications, treatment, care and diet shall be written in ink and signed by the prescriber or his designee. (I)

(d) Nursing and Direct Care Record: Date, time, dosage and method of administration of all medications and signature of nurse or qualified personnel administering. Complete record of all safety precautions including time, type, reason and authority for applying. Record of all pertinent factors pertaining to the resident's condition. Date and time of all treatments and dressings. Incidents occurring while resident is in the facility, including adverse drug reactions and medication errors. Signature of personnel and date. (I)

(e) Special Exams and Consultations: The facility shall develop written policies and procedures regarding the acceptance of unsigned radiological, laboratory or other consultative reports requested by a physician.

(f) Interdisciplinary Care/Habilitation Plan: An interdisciplinary care plan shall be formulated or adopted within 14 days of admission. Thereafter this plan shall be updated quarterly to reflect the comprehensive assessment of current problems and needs of each resident. (II)

(g) Social Services: A social history, psycho-social assessment, care plan and progress notes shall be documented and updated as necessary.

(h) Activity Services: An activity assessment, care plan and progress notes shall be documented and updated as necessary.

(i) Dietary Services: A dietary assessment, care plan and progress notes shall be documented and updated as necessary.

(j) Discharge Summary: A discharge summary shall be available for each discharged patient summarizing care and condition on discharge in accordance with facility policy.

(3) Physicians' Orders

(a) All physicians' orders for medication and treatment shall be recorded in the resident's medical record, signed and dated by the individual receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours. (I)

(b) No one, except a licensed nurse or pharmacist, may accept verbal orders from physicians for medication or nursing treatment and care. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be accepted by those department or services, e.g., orders pertaining to physical therapy may be received by a physical therapist. (I)

(4) Record Storage

(a) Medical records are the property of the facility and may not be removed therefrom except by court order. Access to the medical record shall be granted to the legal guardian or any individual appointed in writing by the resident or legal guardian as acting in behalf of the resident.

(b) On discharge or death of a resident the medical records shall be completed within 15 days and filed in an inactive file in an orderly manner. Records must be retained in a safe storage area and none shall be disposed of under 10 years after discharge or death of a resident.

(c) Facilities that microfilm before 10 years have expired must film the entire record.

(d) In the event of change of ownership all medical records shall be transferred to the new owners. (II)

(e) Prior to the closing of a facility, for any reason, the facility shall arrange for preservation of records to insure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

H. Vital Statistics

(1) Vital Statistics

Facilities must fully comply with R61-19, "Rules and Regulations of the South Carolina Department of Health and Environmental Control Relating to Vital Statistics."

(2) Death Certificates

Death certificates are the responsibility of the mortician who initially attends the deceased.

I. Living Accommodations

(1) General

Each resident shall be provided clean, comfortable living accommodations. A lounge, recreation and dining area shall be provided apart from sleeping quarters. (See Section Y.[13].)

(2) Resident Room Furnishings

(a) Each resident shall be provided with a comfortable bed, a mattress with a moisture-proof cover and a pillow.

(1) There shall be at least 2 lockable casters on each bed, located either diagonally or on the same side of the bed.

(2) Side rails must be present when required for safety.

(3) Beds of household height may be used provided hospital type beds which can be elevated and adjusted are provided as necessary to enhance care delivery.

(b) There shall be at least one comfortable chair for each resident.

(c) There shall be adequate individual storage space for each resident's personal clothing, belongings and toilet articles.

(d) Each resident shall be provided with a bedside table or cabinet, and reading lamp.

(e) Overbed tables should be provided.

(f) In semi-private and multi-bed rooms, cubicle curtains on built-in tracks shall be used, when indicated, to afford complete visual privacy for each resident.

(g) There shall be at least one fire resistant wastebasket in each resident room.

J. Maintenance, Housekeeping and Refuse Disposal

(1) Maintenance

(a) An institutional structure, its component parts, facilities, and all equipment such as elevators, furnaces, call systems, sterilizers and emergency lights shall be kept in good repair and operating condition. (II)

(b) Repairs, replacements, and painting shall be completed promptly when needed. There shall be written procedures and methods for communicating these needs to responsible facility personnel. (II)

(c) Facility grounds shall be neat, clean and free of hazards or other nuisances. Stairs, walkways, ramps and porches shall be maintained free from accumulation of water, ice, snow or other impediments. (II)

(2) Housekeeping

(a) General: A facility shall be kept neat, clean, and free of offensive odors. (II)

(1) Accumulated waste material shall be removed daily or more often if necessary.

(2) There shall be frequent cleaning of furniture, floors, walls, ceilings, woodwork, supply and exhaust vents, lighting fixtures, windows, and other articles and surfaces.

(3) Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

(4) Dry dusting and dry sweeping are prohibited.

(5) There shall be an effective rodent and insect control program for the facility and premises.

(6) There shall be sufficient cleaning supplies and equipment available.

(7) Facility policy shall clearly delineate housekeeping functions to be provided by nursing or direct care personnel.

(b) Disinfection and Room Cleaning: Upon discharge or transfer of a resident, all bedside equipment shall be cleansed and disinfected. Bed linen shall be removed and mattresses turned; if mattresses are damaged, they shall be replaced. Beds shall

be made with fresh linens to maintain them in a clean and sanitary condition for each resident. (II)

(c) Janitor Closets: All janitor closets, floors, sinks, mops, buckets, wringers and other equipment shall be cleaned daily, or more often as needed. A supervisory employee shall make frequent inspections to assure compliance. (II)

(d) Employee Locker Rooms: Employee locker rooms shall be kept in a neat, clean and sanitary condition. (II)

(3) Refuse Disposal

(a) Storage and Disposal: All garbage and refuse shall be deposited in suitable watertight containers. Rubbish and garbage shall be disposed of periodically and in accordance with local requirements. (II)

(b) Refuse Containers: These containers shall be covered and stored outside on an approved platform to prevent overturning by animals, the entrance of flies or the creation of a nuisance. Garbage and trash containers shall be thoroughly cleansed as necessary to prevent the creation of a nuisance. (II)

(c) Contaminated Dressings and Pathological Wastes: (II)

(1) All contaminated dressings, pathological, and other similar waste shall be disposed of by incineration or other approved means. Containers for contaminated wastes shall be clearly identified as such and shall not be accessible by unauthorized persons.

(2) Dressings and other contaminated wastes may be disposed of in resident rooms only if such wastes are placed in a closed, clearly identified container, double bagged, and removed from the resident room after attending the resident.

(4) Linen Storage

A clean linen storage room and a soiled linen storage room shall be provided. These storage rooms shall be used solely for their intended purposes. The soiled linen storage room shall be provided with mechanical ventilation to the outside. (II)

(a) Clean Linen: (II)

(1) A supply of clean, sanitary linen shall be available at all times.

(2) Proper storage facilities shall be provided for keeping clean linen, restraints and resident clothes in sanitary condition prior to use. Clean linen not stored separately shall be covered.

(3) Clean linen shall be transported in closed conveyances used only for transporting clean linen, or otherwise protected.

(b) Soiled Linen:

(1) Soiled linen, restraints and resident clothes shall be kept in closed or covered containers while being collected, transported or stored and shall be stored

separately from clean linen and resident areas. These containers shall be cleaned and disinfected frequently. (II)

(2) All linen, restraints and resident clothes from residents with infections or communicable diseases shall be placed in durable bags identified "Contaminated" and transported in these closed bags to the soiled linen holding area or laundry. (I)

(3) Soiled linen, restraints and resident clothes shall be neither sorted nor rinsed in resident rooms. (II)

(4) Laundry operations shall not be carried out in resident rooms or where food is prepared, served or stored. (II)

(5) Soiled linen room floors shall be cleaned daily. The entire room, including ceilings and walls, shall be cleaned and disinfected weekly or more often as necessary to control odors and bacteria. (II)

(6) If linen chutes are used, the linen shall be enclosed in bags before placing in chute. Chutes shall be cleaned regularly. (II)

(7) Personnel shall wash their hands thoroughly after handling soiled linen, restraints and resident clothes. (II)

(c) Facilities shall make arrangements for, or provide at a specified written cost, the laundering of resident personal clothes.

K. Food Service

(1) Approval

The kitchen and/or other food preparation centers must be inspected and approved by the South Carolina Department of Health and Environmental Control pursuant to Food Service Establishments, Regulation 61-25. (II)

(2) Services

All facilities shall provide dietary services to meet the daily dietary needs of residents in accordance with written dietary policies and procedures. These services shall be organized with established lines of accountability and clearly defined job assignments. (II)

(3) Supervision

The dietary services shall be under the direction of a dietitian or qualified food service supervisor. A qualified food service supervisor must receive consultation from a dietitian. A qualified food service supervisor shall be a person who: (II)

(a) is a graduate of a dietetic technician or dietetic assistant training program approved by the American Dietetic Association; or

(b) is a graduate of a State-approved course; or

(c) has training and experience in food service supervision and management in a military service equivalent in content to the programs described in paragraph (a) or (b).

(4) Personnel

(a) Persons engaged in the preparation and serving of food shall meet all requirements of the Department regarding food service personnel and shall be trained to perform assigned duties. (II)

(b) Trained personnel shall be provided to prepare and serve the proper diets to residents. (II)

(c) The food service supervisor shall be responsible for supervising food service personnel, planning, preparation and serving of food and the maintenance of proper records. When the food service supervisor is not on duty, a responsible person shall be assigned to assume his/her job functions. (II)

(d) Work assignments and duty schedules shall be posted and kept current. (II)

(e) Health and Disease Controls: (II)

(1) No person infected with or a carrier of a communicable disease which may be transmitted in the workplace, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any area of food service in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals. (II)

(2) If the manager or person in charge of the facility has reason to suspect that any worker has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local health authority immediately. (II)

(3) Only authorized personnel shall be allowed in the kitchen.

(f) Cleanliness: (II)

(1) All workers shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. (II)

(2) All workers shall thoroughly wash their hands and arms with soap and warm water as often as may be required to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing their hands. (II)

(3) Workers shall keep their fingernails clean, reasonably short and neatly trimmed.

(4) Hair restraints shall be used by workers engaged in the preparation and service of food to keep hair from food and food-contact surfaces.

(5) Workers shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food preparation areas. (II)

(5) Diets

Diets shall be prepared in conformance with physicians' orders. A current diet manual shall be readily available to attending physicians, dietary service personnel and nursing and direct care personnel. (II)

(a) Diets shall be prescribed, dated and signed by the physician.

(b) Facilities with residents in need of special or therapeutic diets shall provide for such diets.

(c) Notations shall be made in the medical record of therapeutic diet served, counseling or instructions given and resident's tolerance of the diet.

(d) Persons responsible for diets shall have sufficient knowledge of food values in order to make appropriate substitutions when necessary. All substitutions made on the master menu shall be recorded in writing.

(e) Meals and snacks shall meet the nutrient needs of the residents according to recommended dietary allowance for age and sex.

(f) Efforts shall be made to accommodate religious practices.

(g) Copies of menus served shall be kept on file for at least one month, and available for inspection.

(h) The dietetic service shall be oriented, and shall take into account the variations of eating habits, including cultural and ethnic needs of each individual resident.

(i) The food served shall be nutritionally and calorically adequate (as recommended by the National Nutritional Council) and served attractively.

(j) The dining area shall provide a congenial and relaxed atmosphere.

(k) Suitable food and snacks shall be available and offered between meals.

(l) The facility shall have the services of a qualified dietitian in menu planning. The dietitian shall be available on a full-time, part-time or consultant basis.

(6) Planning of Menus and Food Supplies

(a) Menus shall be planned and written at least two weeks in advance and dated as served. The current week's menus, including routine and special diets and any substitutions made, shall be maintained in the dietary department.

(b) Records of menus as served shall be filed and maintained for at least 30 days.

(c) Records of food and supplies purchased shall be kept on file.

(d) At least one week's supply of staple foods and at least two day's supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and therapeutic diets. (II)

(e) Food Supplies: (I)

(1) All food in the facility shall be from food sources approved or considered satisfactory by the health authority, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption.

(2) Grade "A" pasteurized fluid milk and fluid milk products, Grade "A" pasteurized dry milk or evaporated milk shall be used or served. Manufacturer's pasteurized dry milk standards for mixing individual servings must be observed.

(f) Food Protection: (II)

(1) While being stored, prepared, served or transported, all food shall be protected from contamination and spoilage. Each cold storage facility used for the storage of perishable food shall be provided with an approved indicating thermometer accurate to ± 2 degrees Fahrenheit.

(2) Temperatures:

(a) All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

(b) All perishable food shall be protected from spoilage by storage at proper temperatures.

(c) Frozen food shall be kept at such temperatures so as to remain frozen. Potentially hazardous frozen food shall be thawed at refrigerator temperatures of 45 degrees Fahrenheit or below; or thawed under cool, potable running water (70 degrees Fahrenheit or below); or quick-thawed as part of the cooking process.

(d) Poultry and stuffings shall be heated throughout to a minimum temperature of 165 degrees Fahrenheit, with no interruption of the initial cooking process.

(e) Pork and pork products which have not been specially treated to destroy trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150 degrees Fahrenheit.

(3) Storage:

(a) Containers of food shall be stored above the floor on clean surfaces, in such a manner as to be protected from splash and other contamination.

(b) Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

(c) Poisonous products that are used in the daily operations of the establishment such as pressurized insecticides, lye, drain cleaners, ammonia, and other similar materials that are stored in food preparation areas, equipment-washing and utensil-washing areas, clean utensil storage areas, or food storage areas shall be stored in closed cabinets or in approved designated areas. These products may be stored with detergents, sanitizers, and other cleaning compounds. (II)

(7) Preparation and Serving of Food

(a) Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents. (II)

(b) A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

(c) Food shall be cut, chopped, ground or blended to meet individual needs. (II)

(d) Dietary personnel will have the responsibility of accompanying the food to the floor when necessary to complete tray assembly. Each facility shall designate who will be responsible for distribution of trays, feeding of residents and collection of soiled trays. If personnel other than nursing staff are assigned these tasks, approval must be given by the resident care policy committee.

(e) Preparation: (II)

(1) Suitable utensils shall be provided and used to minimize handling of food at all points where food is prepared.

(2) Raw fruits and vegetables shall be washed before use.

(3) Individual portions of food, once served to the resident shall not be served again.

(4) The use of home canned food is not allowed.

(8) Dietary and Food Sanitation

(a) Sanitary conditions shall be maintained in all aspects of the storage, preparation and distribution of food. (II)

(b) The facility shall be in compliance with local health codes and Food Service Establishments, Regulation 61-25.

(c) Written procedures for cleaning, disinfecting and sanitizing all equipment and work areas shall be developed and followed.

(d) Written reports of inspections by State and local health authorities shall be kept on file in the facility with notations made of actions taken by the facility to comply with any recommendations.

(e) Drugs shall not be stored in the dietary department or any refrigerator or storage area utilized by the dietary department. (See Section F.[3][c].) (II)

(f) All walk-in refrigerators and freezers must be equipped with opening devices which will permit opening of the door from the inside at all times.

(9) Food Equipment and Utensils

(a) Sanitary Design, Construction, and Installation of Equipment and Utensils:

(1) All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable, durable, and shall be in good repair.

(2) The food-contact surfaces of such equipment and utensils shall be accessible, easily cleanable, nontoxic, corrosion resistant and relatively nonabsorbent.

(3) All equipment shall be installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(4) Surfaces of equipment not intended for contact with food but which are exposed to splash, food debris, or otherwise require frequent cleaning, shall be of such material and in such repair as to be readily maintained in a clean and sanitary manner.

(b) Cleanliness of Equipment and Utensils: (II)

(1) Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition. Cooking surfaces of equipment shall be cleaned at least once a day, or as often as necessary.

(2) All kitchenware and food-contact surfaces of equipment used in storage preparation or serving of food or drink shall be thoroughly cleaned after each use.

(3) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each use.

(4) All utensils and food-contact surfaces of equipment used in the preparation, service, display, or storage of potentially hazardous food shall be thoroughly cleaned and sanitized.

(5) Methods and Facilities for Washing and Sanitizing:

(a) Prior to washing, all equipment and utensils shall be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil.

(b) Effective concentrations of a suitable detergent shall be used in both manual and mechanical dishwashing.

(c) When manual dishwashing is employed, an approved three compartment sink of adequate length, width, and depth to completely immerse all tableware for washing, rinsing, and final sanitization shall be provided and used. Equipment and utensils shall be washed in a reasonably clean detergent solution, rinsed thoroughly and sanitized by immersion for a period of at least one (1) minute in a sanitizing solution containing:

(1) At least 50 ppm of available chlorine at a temperature not less than 75 degrees Fahrenheit; or

(2) At least 12.5 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75 degrees Fahrenheit; or

(3) Any other chemical-sanitizing which has been demonstrated to the satisfaction of the health department.

(d) When a facility is newly constructed or extensively remodeled or when an existing structure is converted for use, an approved three-compartment sink or an approved mechanical dishwasher must be provided and used.

(e) Dish tables or drainboards, of adequate size for proper handling of soiled utensils prior to washing and for cleaned utensils following rinsing or sanitization, shall be provided.

(f) Facilities planning to use or install a mechanical dishwasher shall us a machine approved by the Department. When a domestic type machine in an existing facility is replaced, an approved unit must be installed.

NOTE: Equipment not adequately sanitized in dishwashing machines must be sanitized manually.

(g) A facility which does not have adequate and effective means for cleaning and sanitizing utensils shall use single-service articles.

(6) Storage and Handling of Cleaned Equipment and Utensils: (II)

(a) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner so as to be protected from contamination.

(b) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(c) Utensils shall be air dried before being stored, or shall be stored in a self-draining position on suitably located hooks or racks constructed of corrosion-resistant material.

(7) All single-service articles shall be stored, handled and dispensed in a sanitary manner, and shall be used only once.

(10) Sanitary Facilities and Controls

(a) Water Supply:

(1) The water supply shall be adequate, of a safe, sanitary quality and from an approved source. (I)

(2) Hot and cold running water, under pressure, shall be provided in all areas where food is prepared, or equipment, utensils, and containers are washed. (II)

(3) Ice used for any purpose shall be made from water which comes from an approved source; and it shall be used only if it has been manufactured, stored, transported and handled in a sanitary manner. Sanitary containers and utensils shall be provided for storing and serving ice in a sanitary manner. (I)

(4) Drinking fountains shall be of a sanitary angle jet design, properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. The use of "common drinking cups" is prohibited. If drinking fountains are not provided, single service cups shall be used. (II)

(b) Toilet Facilities:

(1) Each kitchen shall be provided with adequate toilet facilities. These facilities shall be located within the same building.

(2) Toilet facilities and fixtures shall be kept clean and in good repair.

(3) The doors of all toilet rooms located in the kitchen shall be self-closing.

(4) Toilet tissue shall be provided.

(5) Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered and shall be maintained in a proper operating condition.

(c) Handwashing Facilities: (II)

(1) Each kitchen shall be provided with adequate, conveniently located handwashing facilities for its workers.

(2) Handwashing facilities shall include hot and cold or tempered running water, handcleansing soap or detergent from an approved dispenser, and approved sanitary towels.

(11) Other Facilities and Operations

(a) Floors, Walls and Ceilings:

(1) All floors, walls and ceilings shall be kept clean and in good repair.

(2) The floor surfaces in kitchens, storage, and toilet rooms shall be of smooth, nonabsorbent materials and so constructed as to be easily cleanable.

(3) The walls and ceilings of all areas in which food is prepared, or utensils or hands are washed, shall be easily cleanable, smooth, and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(b) Lighting: All areas shall be well lighted with at least 20 foot-candles of light.

(c) Ventilation: All kitchen, toilet and garbage areas shall be well ventilated.

(d) Premises:

(1) All parts of the facility and its premises shall be kept neat, clean and free of litter and rubbish. (II)

(2) The walking and driving surfaces of all exterior areas of food service establishments shall be graded to prevent pooling.

(3) Only articles necessary for the operation and maintenance of the food service establishment shall be stored on the premises.

(4) The traffic of unnecessary persons through the food preparation and equipment-washing and utensil-washing areas is prohibited.

(5) No live birds or animals shall be allowed in any food preparation, food storage or dining area.

(e) Living Areas: No operation of a food service establishment shall be conducted in any room used as living or sleeping quarters. Food service operations shall be separated from any living or sleeping quarters by complete partitioning and solid, self-closing doors.

(f) Linens and Clothes Storage - Dietary:

(1) Clean clothes and linens shall be stored in a clean place and protected from contamination until used.

(2) Soiled clothes and linens shall be stored in nonabsorbent containers or washable laundry bags until removed for laundering.

(g) Cleaning Equipment Storage: Maintenance and cleaning tools such as brooms, mops, vacuum cleaners, and similar equipment shall be maintained and stored in a way that does not contaminate food, equipment, utensils or linens and shall be stored in an orderly manner, and within a separate space or closet.

(12) Meal Service

A minimum of three nutritionally adequate meals shall be provided in each 24-hour period. Not more than 14 hours shall elapse between the servings of the evening meal and breakfast. (II)

(13) Refrigeration, Ice and Drinking Water

At least one functional refrigerator shall be provided on each resident floor. Ice that meets the approval of the Department shall be available, and precautions shall be taken to prevent contamination. Ice delivered to resident areas in bulk shall be in nonporous, easily cleanable, covered containers. The ice scoop shall be stored in a sanitary manner with the handle at no time coming in contact with the ice. Ice scoop and holding tray shall be sanitized daily. Clean sanitary drinking water shall be available and accessible in adequate amounts at all times. (II)

L. Fire and Disaster Protection and Equipment

(1) Arrangements for Fire Department Protection

(a) Fire protection for all facilities shall meet all of the requirements prescribed by the State Fire Marshal's Office.

(b) Where a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in case of fire. A copy of the agreement will be kept on file in the facility and a copy will be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department. (II)

(2) Tests and Inspections

(a) Fire Protection: The licensee is responsible for ensuring that all standpipes, hoses, sprinkler systems, kitchen hood extinguishing systems, fire detection and alarm

systems and other fire-fighting equipment are inspected and tested at least once each year, and more often if necessary to maintain them in serviceable condition. Fire extinguishers shall be kept in condition for instant use, and the date of the last inspection shall be included on each fire extinguisher. Records of all inspections shall be kept on file for a two year period. (II)

(b) Electrical Inspection: The licensee is responsible for assuring that all electrical installations and equipment are maintained in a safe operable condition. (II)

(c) Heating, Ventilating and Air Conditioning (HVAC) Systems and Equipment: The licensee is responsible for assuring that all heating, ventilating and air conditioning equipment is maintained in a safe operable condition. The HVAC system must be inspected at least once a year, and a signed copy of the inspection report shall be maintained at the facility for a two (2) year period. Records of deficiencies and corrections shall be maintained at the facility. (II)

(3) Special Hazards

(a) Flammable Liquids: The storage of flammable liquids shall be in accordance with NFPA Reg. 30, "Flammable and Combustible Liquids Code." (I)

(b) Storage Areas: (II)

(1) All storage areas shall be kept clean, orderly and free of trash, papers, old cloth and empty boxes.

(2) Any area exceeding 100 square feet shall not be used for storage unless it meets the requirements of Section S.(6)(a) of these Standards. Combustible materials such as mattresses, bedding and furniture shall be stored only in areas that meet the requirements of Section S.(6)(a).

(3) A minimum vertical distance of 18 inches (18") from the bottom of the sprinkler heads to the top of any storage shall be maintained.

(c) Hoods, Vents and Ducts:

(1) Hoods, vents, ducts and removable filters installed over cook stoves and ranges, shall be maintained clean and free of grease accumulations.

(2) An exhaust fan of the proper size shall be installed over the cooking unit and vented to the outside. (I)

(d) Fire Resistance of Furnishings: When purchasing new mattresses and pillows, only those items providing the maximum resistance to fire, smoke development and toxicity shall be purchased. These items present an unusual and/or severe fire hazard to the facility. Extreme caution must be exercised in their selection. (I)

(4) Corridor Obstructions

All corridors and other means of egress or exit from the building shall be maintained clear and free of obstructions. (II)

(5) Exit Sign Illumination

Exit signs shall be internally illuminated at all times. Exit lights shall conform to NFPA Reg. 101. (I)

(6) Corridor and Stairway Illumination

Corridors, stairs and other means of egress shall be lighted at all times with a minimum of one (1) foot candle illumination at finish floor level. (II)

(7) Plans and Training for Fires and Other Internal Emergencies

(a) Plans: Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to any required action. (I)

(b) Fire Protection Training:

(1) Each employee shall receive instructions covering: (I)

(a) The fire plan.

(b) The fire evacuation plan, including routes and procedures.

(c) How to report a fire.

(d) How to use the fire alarm system.

(e) Location and use of fire-fighting equipment.

(f) Methods of containing a fire.

(g) Specific responsibilities of the individual.

(2) Records of training shall be maintained to report the date, names of the participating individuals and a description of the training. (II)

(c) Fire Drills: (I)

(1) A fire drill shall be conducted for each shift at least once every 3 months.

(2) Records of drills shall be maintained to report the date, time, shift and names of individuals participating, a description of the drill and evaluation.

(3) Drills shall be designed and conducted to:

(a) Assure that all personnel are capable of performing assigned tasks or duties.

(b) Assure that all personnel know the location, use and operation of fire-fighting equipment;

(c) Assure that all personnel are thoroughly familiar with the fire plan.

(d) Evaluate the effectiveness of plans and personnel.

(d) Disaster Preparedness Plan: Each employee shall receive instructions to cover various types of potential disasters such as: bomb threat, earthquake, flood, hurricane, tornado and others. (II)

M. Social Services

(1) Social Services

Services shall be provided to assist all residents in dealing with social, emotional and related problems through one or more caseworkers on the staff of the facility or through effective arrangements with a social service agency staffed by persons with experience and training in social work.

(a) The facility shall have a well-defined written plan for providing social services for the residents. This shall include the policies and procedures for providing the services and a job description for the designated social service staff member.

(b) If social services are provided through arrangements with a social service agency, there must be a written agreement between the facility and the agency setting forth the responsibilities of each. The agreement must insure that the agency provides social services adequate to assist all residents in the facility in dealing with social, emotional and related problems. The agency must furnish current written social evaluations and plans for meeting social needs for each resident admitted to the facility. Written reports of recommendations and of services rendered must be provided the facility by the agency.

(c) Social service history shall be secured and recorded concerning each resident. This history should include social, emotional factors related to the resident's condition, information concerning home situation, financial resources and relationships with other people. Preferably, the pertinent social history should be obtained before or during admission. The plan for meeting the resident's needs shall be developed shortly after admission in collaboration with the resident, relatives, physician, nurses and other appropriate persons. The social service history and plan must be kept current in terms of changes in financial resources, physical condition, mental state or family situation.

(d) Social service information is confidential and is maintained in the medical record. Policies and procedures must insure that the social information is available to only those professional personnel who need it in order to provide better care for the resident. If a social service agency outside the facility provides the service, the social information is still maintained in the facility's medical record.

N. Resident Activities

(1) Resident Activities

(a) The facility shall provide a regular and ongoing program of varied, meaningful activities designed to meet the needs and interests of each resident and to promote his/her physical, social and mental well-being. These activities shall include appropriate group activities and also activities for individuals with particular interests and needs. Activities must be available to afford the opportunity for participation. Residents shall not be forced to participate in any activity. Activities provided must be in accord with the attending physician's treatment plan for the individual.

(b) A staff member shall be designated as director of the resident activities program. This staff member shall have sufficient time to provide and coordinate the activities program so that it fully meets the needs of the residents. The individual shall have expertise or training and/or experience in individual and group activities.

(c) Community resources and volunteers should be utilized under the direction of the activities director to the fullest possible extent.

(d) Visiting by relatives and friends shall be encouraged, with a minimum of restrictions. Visiting hours shall be flexible and posted. Reasonable exceptions to these hours shall be granted.

(e) Space, needed supplies, and equipment shall be provided for all pertinent activities. Examples are: books, magazines, newspapers, games, arts and crafts, radio and television.

(f) At least one activity calendar shall be conspicuously posted each month.

(g) If a pet therapy program is implemented, the following guidelines must be met:

(1) Pets chosen shall be free of contagious disease or sickness (diarrhea, ringworm, etc.).

(2) Pets shall be inoculated or vaccinated as required by law, with written verification of current inoculations on file at the facility.

O. Other Services

Other services, such as physical therapy, occupational therapy, and speech therapy, if offered as a service of the facility, shall be on orders of a physician and administered by persons properly qualified. If offered, space and equipment shall be provided.

P. General

Conditions arising which have not been covered in these Standards shall be handled in accordance with the best practices as interpreted by the Department.

Q. Design and Construction

(1) General:

(a) Every facility shall be planned, designed and equipped to provide and promote the health care, welfare, and safety of each resident. (II)

(b) Each facility shall provide an attractive and comfortable atmosphere. (II)

(2) Local and State Codes and Standards

(a) Facilities shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that the responsible local officials (zoning and building) sanction the licensing of the facility. (II)

(b) The Department uses as its basic codes:** (II)

(1) Standard Building Code

(2) Standard Plumbing Code

(3) Standard Mechanical Code

(4) Standard Gas Code

(5) National Electrical Code (NFPA 70)

(6) Life Safety Code (NFPA 101)

(7) S.C. DHEC Regulation 61-17, Standards for Licensing Nursing Homes.

** Check with the Department to verify current editions.

(3) Submission of Plans and Specifications

(a) When construction is contemplated for new buildings, additions or alterations to existing buildings, buildings being licensed for the first time, or buildings changing license, plans and specifications shall be submitted to the Department for review. Such plans and specifications shall be prepared by an architect or engineer registered in the state of South Carolina and shall bear his/her respective seal and signature. These submissions should be made in three stages: Schematic, Design Development, and Final. Construction work should not be started until approval of the "Final" construction documents or written permission to begin construction has been received from the Department. Any construction changes from the approved documents shall have approval from the Department. (II)

(b) Schematic Plan Submission: (II)

(1) Site plan.

(a) Size and shape (meet and bounds) of the site.

(b) Footprint of the proposed building and/or addition on the site.

(c) Vehicular and pedestrian access to and on the site.

(d) Existing utilities for or to the site.

(e) Spot elevations and general information of the lay of the land (rivers, creeks, ridges, swamps, etc.).

(f) Existing structures (buildings, foundations, retaining walls above and underground storage tanks, etc.).

(2) Floor Plan(s).

(a) Blocked spaces (areas) showing approximate size and relationship to other spaces.

(b) Compartmentation for smoke compartments (fire and life safety plan).

(3) Building Section:

(a) Type of construction

(b) Type of structural system

(c) Design Development Plans Submission: (II)

(1) Cover Sheet:

(a) Title and location of project

(b) Index of drawings

(c) Code analysis listing applicable codes

(d) Occupancy classification

(e) Type of construction

(f) Legend and notes and symbols for pertinent information.

(2) Site Plan shall include all the requirements of the schematic as well as:

(a) Vehicular movement, parking areas (total number of spaces), sidewalks, etc.

(b) Existing and proposed contours.

(c) All utilities to the facility (including water supply available for fire protection).

(3) Building Section shall include all the requirements of the schematic as well as:

(a) Complete building section showing the type of construction, floor to floor height.

(b) Type of structural system.

(c) Interior wall sections.

(4) Floor Plans:

(a) Complete plans drawn to scale with basic and overall dimensions of rooms and room designations

(b) Life safety plan showing proper delineation of rated walls (fire walls, smoke partitions, exits and exit calculations, etc.)

(c) Door swings and sizes

(d) Fixed equipment locations

(e) Details

(5) Plumbing:

(a) Fixture Locations, risers and pipe chases

(6) Mechanical:

(a) Type and location of equipment

(b) Single line drawing showing supplies, returns, and exhaust.

(7) Electrical:

(a) Lighting

(b) Power

(c) Communication (nurse call, fire alarm)

(d) Electrical riser diagrams

(d) Final Drawings Submission: The Final Drawings shall include a complete set of contract documents including working drawings and contract specifications to include: (II)

(1) Site preparation

(2) Demolition (if required)

(3) Architectural

(4) Structural

(5) Plumbing

(6) Mechanical

(7) Electrical

(8) Fire Protection (sprinkler)

(e) One complete set of as-built drawings shall be filed with the department. (II)

(f) If construction is delayed for a period exceeding twelve (I2) months from the time of approval of Final Drawings a new evaluation and/or approval is required. (II)

(g) Minor Alterations and Renovations: (II)

(1) When minor alterations are contemplated drawings and specifications, accompanied by a narrative completely describing the proposed work shall be submitted to the Department for review and approval to ensure that the proposed alterations comply with current codes and building standards.

(2) All alterations or renovations of a part of an existing licensed building, other than cosmetic (i.e. painting, wallpapering or carpeting) shall be made to conform with the requirements of the current editions of the building codes for construction of new facilities.

(3) Cosmetic changes utilizing paint, wallcovering, floor covering, etc; that are required to have a flamespread rating or other safety criteria shall be documented with copies of the documentation and certifications furnished to the Department.

(4) Any building which is being licensed for the first time will be considered "new" construction and must meet current codes.

(5) If within a twelve (12) month period any alterations or renovations costing in excess of fifty (50%) percent of the then physical market value of the building are made to an existing facility, then the entire facility shall be made to conform with the requirements of current building code editions for new facility construction and to Department standards.

(4) Location of Facility

(a) Environment: Facilities shall be located in an environment that is conducive to the type of care and services provided.

(b) Transportation: Facilities shall be served by roads which are passable at all times and are adequate for expected volume of traffic.

(c) Parking: Facilities shall have adequate parking space to satisfy the needs of residents, staff, and visitors. Provisions must be made for handicapped parking.

(d) Access for Fire Fighting Equipment: Facilities shall maintain adequate access to and around the building for fire fighting equipment.

(5) Communication

A telephone must be provided on each floor occupied by residents and additional telephones or extensions as required to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

R. General Construction Requirements

(1) General Construction Requirements

Construction shall be in accordance with the Standard Building Code for Group I (Institutional-unrestrained) Occupancy.

(2) Fire Resistive Rating

The fire resistive ratings for the various structural components shall comply with the Standard Building Code. Fire Resistive ratings of various materials and assemblies not specifically listed in the Standard Building Code can be found in the publication entitled "Underwriters Laboratories - Building Materials List" and "Underwriters Laboratories - Fire Resistance Directory" and publications of other recognized authorities.

(3) Vertical Openings

All vertical openings shall be protected in accordance with the provisions of the Standard Building Code.

(4) Fire Walls

(a) A building is defined by the outside walls and any interior four (4) hour fire walls and must not exceed the height and area limitations set forth in the Standard Building Code for the type of construction.

(b) An addition shall be separated from an existing building by a two (2) hour fire rated wall unless the addition is of equal fire resistive rating (for example: sprinklered and nonsprinklered areas).

(c) When an addition is to be constructed of a different type of construction from the existing building, the type of construction and resulting maximum area and height limitations allowed by the building code will be determined by the lessor of the types of construction for the building.

(d) If the addition is separated by a four (4) hour fire wall, the addition is considered as another building and the type of construction of the addition determines the maximum area and height limitations.

(5) Interior Floor Finish

Interior floor finishes, including carpeting, shall be in accordance with the Standard Building code for the type of occupancy.

(6) Ceiling Openings

Openings into attic areas and other concealed spaces shall be protected by materials consistent with the fire rating of the assembly they are penetrating.

(7) Screens

Windows, doors and openings intended for ventilation shall be provided with insect screens unless the facility is completely air conditioned and mechanically ventilated.

S. Hazardous Elements of Construction

(1) Furnaces and Boilers

(a) Every central heating furnace and boiler shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours.

(b) Installation of furnaces and boilers shall be in accordance with applicable NFPA standards.

(c) Combustion and ventilation air shall be taken from and discharged to the outside.

(d) Furnaces and boilers shall be properly maintained to insure safe and efficient operation.

(e) Ventilation for furnace/boiler rooms shall not be part of the recirculating air system for the rest of the building.

(2) Dampers

Smoke dampers and fire dampers shall be installed on all heating, cooling, and ventilating systems as required by NFPA 90A and these standards.

(3) Incinerators

Incinerators when used, shall conform to the requirements of the Department. When located within the licensed facility, they shall be separated from the rest of the building by walls, partitions, floor and ceiling construction having a fire resistant rating of not less than two hours. Combustion and ventilation air shall be taken from and discharged to the outside.

(4) Medical Gases

Nonflammable medical gas systems and equipment used for the administration of inhalation therapy and for resuscitative purposes shall be handled and stored in accordance with the provisions of NFPA 99 "Health Care Facilities".

(5) Flammable Liquids

(a) The storage and handling of flammable liquids shall comply with provisions of NFPA 99 "Health Care Facilities".

(b) Flammable liquids such as gasoline, oil, paints, solvents, etc. shall be stored in an outside building or in a one hour fire separated room opening to the outside. Mechanical or gravity ventilation for the room shall be taken from, and exhausted to, the outside.

(6) Storage Areas

(a) All ceilings, floor assemblies, and walls enclosing storage areas of one-hundred (l00) square feet or greater shall be of not less than one (1) hour fire resistive construction with 'C' labelled 3/4 hour fire-rated doors and frames.

(b) All storage areas shall be kept clean, orderly and free of trash.

(7) Hoods, Vents and Ducts

Hoods, vents, ducts and filters installed over cooking surfaces shall be maintained clean and free of grease accumulations.

T. Fire Protection

(1) Automatic Sprinklers

Facilities licensed under these standards shall be provided throughout with an automatic sprinkler system in accordance with NFPA l3, "Standard for the Installation of Sprinkler Systems".

(2) Fire Alarms

(a) A manual fire alarm system in accordance with provisions of NFPA 72A shall be provided. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

(b) The alarm system shall notify by audible and visual alarm all areas and floors of the building.

(c) The alarm system shall shut down central recirculating ventilation fans that serve the area(s) of alarm origination and shut the associated smoke dampers.

(d) There must be a fire alarm pull station in or near each nurses station.

(e) All fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems must be connected to the main fire alarm system and trigger the system when they are activated.

(3) Smoke Detectors

(a) An approved smoke detection system shall be installed in all corridors. Such system shall be installed in accordance with applicable NFPA Standards but in no case shall the detectors be spaced farther apart than 30 ft. or more than l5 ft. from any wall. Exception: Where each resident sleeping room is protected by a smoke detector(s) and detectors are provided on both sides of the rated smoke/fire partitions, such corridor system will not be required on the resident sleeping room floors.

(b) All smoke detectors shall be electrically interconnected to the fire alarm system as well as to the hold open devices on smoke doors and fire doors within a fire zone.

(c) Where smoke detectors are required in all sleeping rooms, the detectors will be powered by the fire alarm system, connected to the fire alarm system, and have an indicator light in the hall above the room door indicating when the detector is in alarm.

(4) Fire Extinguishers and Standpipes

(a) Fire extinguishers shall be provided and so located that the travel distance from any point within the building to reach an extinguisher will not be greater than 50 feet. Extinguishers shall be sized, installed and maintained in accordance with NFPA l0 and l0A, except that extinguishers located in the corridors of resident areas shall be a 2 1/2 gallon stored-pressure water type. At least one 2A:l0BC extinguisher shall be located at each nurses station. Suitable fire extinguishers shall also be installed in the kitchen, laundry, furnace room and other areas having an unusual fire hazard.

(b) Standpipes shall be installed as required by the Standard Building Code and in accordance with NFPA l4.

U. Exits

(1) Number and Locations

(a) There shall be more than one (1) exit leading to the outside of the building on each floor. (I)

(b) Rooms greater than 1000 sq. ft. shall have at least two exit access doors remote from each other. (I)

(c) Exits shall be arranged so that there are no dead-end corridors or corridor pockets in excess of twenty (20) feet. (I)

(d) Each resident room shall communicate directly with an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level to a public space free of encumbrances. (I)

(2) Corridors

(a) Corridors and passageways from resident occupied rooms leading to egress stairways and/or the outside from the first story and to areas of refuge shall be a minimum of 96" in width. (II)

(b) Corridors and passageways considered as approved means of egress shall be at least eighty-four (84) inches in height. (II)

(3) Doors

(a) Doors to resident rooms (sleeping or treatment) shall be at least forty-four (44) inches wide. (II)

(b) Doors to exits shall be at least forty-four (44) inches wide. (II)

(c) Doorways from resident occupied rooms or exit-access passageways to the outside of the facility shall be at least eighty (80) inches in height. (II)

(d) The exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that obstruct traffic flow or reduce the required corridor width. (II)

(e) Resident rooms shall not be lockable except in places of restraint or detention. (II)

(4) Ramps

(a) At least one (1) exterior ramp, accessible by all residents, staff, and visitors shall be installed from the first floor to grade. The ramp must connect an accessible route to a loading area. The route shall be stable, firm, and relatively non-slip under all weather conditions. (II)

(b) Exterior ramps shall not be less than four (4') feet in width. (II)

(c) Interior ramps shall be the full width of the corridor. (II)

(d) All ramps shall be provided with approved handrails. All handrail ends adjacent to a wall must return to the wall. (II)

(e) The surface of a ramp shall be of non-skid materials. (II)

(f) There must be a landing at the top and bottom of the ramp at least as wide as the ramp and a minimum of four (4') feet in length. The top landing must be level with the interior floor. (II)

(g) The minimum length of run for any ramp cannot exceed thirty (30') feet without a landing. (II)

(h) Maximum slope of the ramp shall be 1:12. (II)

(i) Landings shall be provided beyond exterior doors and interior doors opening onto a stairway, as specified in the Standard Building Code. The depth of the landing shall not be less than the width of the door. (II)

(5) Smoke Partitions

(a) Smoke partitions having a fire resistant rating of at least one hour shall be provided to limit on any story the maximum area of each smoke compartment to no more than 22,500 sq.ft., either length or width shall not exceed 150 ft. and to divide every story into at least two compartments. (II)

(b) At least 30 net sq.ft. per occupant shall be provided on each side of the smoke partitions. (II)

(c) Smoke partitions shall be continuous from floor slab to the underside of the floor or roof deck above through any concealed spaces such as those above ceilings and through interstitial structural and mechanical spaces and from outside wall to outside wall. (II)

(d) Openings in smoke partitions shall be protected with a tight fitting smoke and draft door having a minimum fire resistive rating of 20 minutes and shall be so labeled. (II)

(e) Doors crossing exit access corridors shall be opposite swing with 44" leaves. (II)

(f) Doors in smoke partitions shall be self closing and shall be provided with approved door holding devices of the fail- safe type which will release the doors causing them to close when any of the following is actuated: (II)

(1) Automatic sprinkler system

(2) Manual fire alarm system

(3) Smoke detection system

(g) Wherever possible smoke partitions shall have openings in the corridors only. (II)

(h) Smoke partition doors and corridor openings shall have vision panels of l/4" thick wire reinforced glass in approved frames not exceeding limitations listed in the Standard Building Code. (II)

(i) Positive latching hardware is not required except in partitions rated at two (2) hours or more. Center mullions are prohibited. (II)

(j) Opposite swing smoke partition doors shall have approved astragal. (II)

(k) When it is necessary to use a shutter in a smoke partition, it must be motor operated and self resetting or have an internal brake and counter-balance such that the shutter will close slowly so as not to injure a person caught beneath it. When the shutter encounters an obstruction, it shall stop, but continue to close when the obstruction is removed. (II)

V. Plumbing

(1) Water Supply

(a) Water Supply/Hygiene/Design and Construction: Before construction, expansion or modification of a water distribution system, application shall be made to the Department for a permit for construction. The application shall include such engineering, chemical, physical or bacteriological data as may be required by the department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in South Carolina and shall carry his/her official signature and seal. In general the design and construction of such

systems shall be in accord with modern engineering practices for such installations. The department shall establish such rules, regulations and procedures or standards as may be necessary to protect the health of the public and to ensure proper operation and functioning of the system. (II)

(b) Disinfection of Water Lines: The water system for new facilities, and renovated facilities where water lines have been altered, shall be disinfected before use in accordance with the regulations of the Department. Samples shall be taken from the water system and forwarded to an approved laboratory for bacterial analysis in accordance with the Department regulations to assure adequacy of the disinfection process. (I)

(c) Quality: When an approved water supply is not available, a water supply shall be provided which meets the requirements of the Department. Prior to construction of such a water supply, the engineer shall obtain a permit to construct from the Department. Before placing the water supply into service, a final approval must be obtained from the Department. (I)

(d) Distribution: Pipe sizes shall be adequate to permit an ample flow of water to the maximum number of fixtures which may be used at any time. The water pressure should be adequate to supply a minimum of twenty (20) pounds per square inch of pressure to upper floors when the maximum number of fixtures which will be in operation at any time is supplied. (II)

(e) Temperature Control:

(1) Hot and cold water must be supplied to fixtures which are accessible to residents for bathing and handwashing. The hot water shall be thermostatically controlled to provide a water temperature not exceeding one-hundred ten degrees (110 degrees F.) and not less than one-hundred degrees (l00 degrees F.) at the fixtures.

(2) The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above ranges.

(3) Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred forty degrees (140 degrees F.).

(4) If the dishwasher is used for sanitizing, then the final rinse temperature of the dishwasher shall be one-hundred-eighty degrees (180 degrees F.).

(f) Cross Connections: Cross connections in plumbing between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, laundry fixtures and fixtures of similar nature. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, piece of equipment, or service unless protected against back siphonage by approved vacuum breakers or other approved back flow preventers. Any faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other back flow preventer installed. (II)

(g) Stop Valves: Each plumbing fixture and each piece of equipment shall have stop valves to permit repairs without disrupting service to other fixtures. Each branch to a floor shall be valved.

(2) Wastewater

(a) Design and Construction:

(1) Plans, specifications, reports and studies for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in South Carolina and shall carry his official signature and seal.

(2) The design and construction of wastewater systems shall be in accordance with modern engineering practices and the rules and regulations of the Department.

(3) Fixtures

(a) Toilets:

(1) Toilets shall be provided in number ample for use according to the number of residents. The minimum requirement is one (1) toilet for every four (4) residents or fraction thereof.

(2) Grab bars of an approved type shall be provided on at least one (1) side of every toilet used by residents and shall be mounted 32-36 inches above the floor.

(3) Separate toilet facilities and lockers shall be provided for employees.

(b) Lavatories:

(1) Every resident's room shall have a lavatory unless there is an adjoining toilet with a lavatory.

(2) Every resident room lavatory, as well as all other lavatories used for handwashing shall be equipped with valves which can be operated without the use of hands.

(3) A sink shall be provided at each nursing station and in each utility room.

(4) Separate handwashing fixtures shall be provided in the main kitchen and shall be so located that the person in charge may supervise handwashing by food service personnel.

(5) Handwashing fixtures shall be provided in other service rooms and adjacent to or in all toilet rooms.

(6) A paper towel and soap dispenser shall be provided at each handwashing sink.

(c) Bathtubs or showers: There shall be a bath tub or shower with approved grab bars for each twelve (12) licensed beds or fraction thereof.

(d) Ventilation: Each bathroom shall be mechanically ventilated to the outside with a minimum of ten (10) air changes per hour.

W. Electrical Requirements

(1) Installation

(a) Materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical equipment indicated in the specifications or shown on the contract documents. All materials shall be listed as complying with applicable standards of Underwriters Laboratories, Inc. or other similarly established standards. (II)

(b) Electrical installations shall be in accordance with the National Electrical Code and shall be tested to show that the equipment is installed and operates as planned or specified. (II)

(c) The fire alarm system shall be tested initially by a factory-trained manufacturer's representative. (II)

(d) At the completion of construction and before occupancy the architect or engineer shall certify that all electrical systems have been installed per specifications and have been thoroughly tested. (II)

(2) Switchboards and Power Panels

(a) Circuit breakers or fusible switches that provide disconnecting means and over-current protection for conductors connected to switchboard and panel boards shall be enclosed or guarded to provide a dead front type assembly. Over load protection devices shall be suitable for operating properly in ambient conditions. (II)

(b) The main switchboard shall be located in a separate enclosure for maintenance, clear of traffic lanes, and in a dry, ventilated space, free of corrosive fumes or gases. (II)

(c) There must be a Life Safety Branch, separate from the Critical branch, for the exit lights, exit egress lighting, fire alarm, and nurse call. These systems must conform to NFPA 70 (National Electrical Code). (II)

(3) Panelboards

(a) Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This does not apply to the Life Safety circuits. (II)

(b) The directory shall be labelled to conform to the actual room designations. (II)

(c) Clear access free, of stored materials, must be maintained to the panels. (II)

(4) Lighting

(a) Spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

(b) Switched lighting shall be provided for each resident room. Switch shall be located at the door. (II)

(c) Resident rooms shall have general lighting which provides a minimum of twenty (20) foot-candles in all parts of the room. (II)

(d) There shall be a minimum of thirty-five (35) foot-candles in areas used for reading, study or close work. Lighting in work areas shall not be less than thirty (30) foot-candles. (II)

(e) Lighting for reading shall be provided for each resident. (II)

(f) At least one light fixture for night lighting shall be supplied and be switched at the door. The position of the switch in a bank of switches should be consistent room to room. (II)

(5) Receptacles

(a) Resident Rooms: Each room shall have duplex grounded type receptacle located as follows: one on each side of the head of each bed, one for television if used and at least one on another wall. (II)

(b) Corridors: Duplex receptacles for general use shall be installed approximately 50 ft. apart in all corridors and within 25 ft. of the ends of corridors. (II)

(c) Ground Fault Protection: (II)

(1) Electrical circuits to fixed or portable equipment in hydrotherapy units or other wet areas shall be provided with 5 milliampere ground fault interrupter circuits or receptacles.

(2) Ground fault interrupter receptacles shall be used on all outside receptacles and bathrooms per National Electrical Code.

(3) Ground fault interrupter receptacles or circuits shall be used at wet locations such as in or above a counter containing a sink when the receptacle is within three (3) feet of the sink.

(6) Nurse Call

Signal system shall be provided for each resident. The system shall consist of: (II)

(a) A call button for each bed, bathroom (reachable from the shower/tub and toilet), toilet room used by residents, and treatment/examining room.

(b) A light over each resident room door visible from the corridor.

(c) A control panel at the nurses station showing room or bed number.

(d) Indicators in utility rooms treatment/examination rooms, medication rooms, nurses lounges, and floor kitchens.

(e) Indicators and control panels shall employ an audible and visual signal.

(7) Exit Signs

(a) Exit and exit access ways shall be identified by illuminated (electric) signs bearing the words "Exit" in letters at least six inches high. Changes in direction of exit travel shall be suitability marked by exit signs with directional arrows. (II)

(b) Circuits: Illuminated exit signs shall be on a the Life Safety circuit and shall be serviced and controlled directly from the Life Safety Branch electrical panel. (II)

(c) The illumination of the exit sign must be such that the loss of a bulb will not render the sign non-illuminated. (i.e. two or more bulbs) (II)

(d) Exit signs shall be connected to the emergency power system. (II)

(8) Emergency Electric Service

(a) To provide electricity during interruption of the normal electrical service an emergency generator shall be provided. (II)

(b) Emergency electrical service shall be provided to the distribution system as follows: (II)

(1) Illumination for means of egress and nurses stations.

(2) Illumination for exit signs and exit directional signs.

(3) In resident care areas (duplex receptacles in corridors or in patients rooms).

(4) Nurses signal system.

(5) Equipment necessary for maintaining telephone service.

(6) Elevator service that will reach every resident floor when rooms are located on other than the ground floor. Throw over facilities shall be provided to allow temporary operation of any elevator for release of persons that may be trapped between floors.

(7) Fire pump.

(8) Equipment for heating resident rooms and maintaining a minimum temperature of 71 degrees F.

(9) Public Restrooms

(10) Essential mechanical rooms

(11) General illumination and a receptacle in the vicinity of the generator set.

(12) Alarm systems, including fire alarm systems, water flow alarm devices, and alarms required for medical gas systems.

(c) The emergency power shall be in operation within 10 seconds after interruption of the normal electric power supply. (II)

(d) Receptacles and switches connected to emergency power shall be distinctively marked. (II)

(e) On site fuel storage shall have capacity to sustain generator operation for at least 24 hours.

W. (8)(f) Emergency generators shall be operated weekly for at least 30 minutes and shall be operated at least monthly under load for at least 30 minutes. (II)

(g) Logs shall be maintained of the emergency generator tests. (II)

X. Mechanical Requirements

(1) General

Prior to licensure of a facility all mechanical systems shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications. (II)

(2) Ductwork

(a) Air handling duct systems shall meet requirements of "Installation of Air Conditioning and Ventilating Systems" (NFPA 90A). (II)

(b) Linings in air ducts and equipment shall meet the erosion test method described in UL Laboratories Publication No. 181. These linings including coatings and adhesives and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenum shall have a flame spread rating of not more than 25 and a smoke developed rating of not more than 50 as determined by an independent testing laboratory in accordance with ASTM Standard E-84. (II)

(c) No HVAC supply or return grill will be placed within 3 feet of a smoke detector. (II)

(3) Steam and Hot Water Systems

(a) Boilers shall have the capacity based on the net ratings published by Hydronics Institute to supply the normal requirements of all systems and equipment. (II)

(b) The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least 70% of the total required capacity. (II)

(c) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to 97 degrees F. effective temperature (ET*) as defined as ASHRAE Handbook of Fundamentals. (II)

(4) Heating, Ventilating and Air Conditioning (HVAC) Systems

(a) HVAC systems shall be designed and balanced as shown in Table I. (II)

TABLE I

PRESSURE RELATIONSHIPS AND VENTILATION RATES
SELECTED AREAS OF LONG-TERM CARE FACILITIES

AREA DESIGNATIONS	1	2	3	4	5
RESIDENT ROOM	EQUAL	2	2	OPT	OPT
RESIDENT AREA CORRIDOR	EQUAL	2	OPT	OPT	OPT
EXAMINATION AND TREATMENT	EQUAL	6	2	OPT	OPT
PHYSICAL THERAPY					
HYDROTHERAPY	NEG	6	2	OPT	OPT
TREATMENT	EQUAL	6	2	OPT	OPT
OCCUPATIONAL THERAPY	NEG	6	2	OPT	OPT
SOILED WORKROOM	NEG	10	2	YES	NO
SOILED HOLDING ROOM	NEG	10	2	YES	NO
BEDPAN ROOM	NEG	10	2	YES	YES
CLEAN WORKROOM	POS	4	2	OPT	OPT
CLEAN HOLDING ROOM	POS	4	2	OPT	OPT
TOILET ROOM	NEG	10	OPT	YES	YES
BATHROOM	EQUAL	10	OPT	OPT	OPT
JANITOR CLOSETS	NEG	10	OPT	OPT	OPT
STERILIZER EQUIPMENT ROOM	NEG	10	OPT	YES	OPT
ETO STERILIZER ROOM	NEG	10	OPT	YES	NO
TRASH ROOM	NEG	10	OPT	YES	NO
FOOD PREPARATION ROOM	EQUAL	10	2	OPT	NO
WARE WASHING ROOM	NEG	10	OPT	YES	NO
DIETARY DAY STORAGE	NEG	2	OPT	OPT	OPT
LAUNDRY, GENERAL	EQUAL	10	2	YES	OPT
SOILED LINEN SORTING AND STORAGE	NEG	10	OPT	YES	NO
CLEAN LINEN STORAGE	EQUAL	2	OPT	OPT	OPT
MEDICINE PREPARATION ROOM	EQUAL	4	OPT	OPT	OPT
SPECIAL PROCEDURES ROOMS					
INVASIVE	POS	15	3	OPT	NO
NONINVASIVE	EQUAL	6	2	OPT	OPT
ISOLATION ROOM	SETABLE*	6	OPT	YES	NO

COLUMN 1 = AIR PRESSURE RELATIONSHIP TO ADJACENT AREAS
COLUMN 2 = MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM
COLUMN 3 = MINIMUM AIR CHANGES OF OUTSIDE AIR PER HOUR SUPPLIED TO ROOM
COLUMN 4 = ALL AIR EXHAUSTED DIRECTLY TO OUTSIDE
COLUMN 5 = AIR RECIRCULATED WITHIN ROOM BY MEANS OF ROOM UNITS

OPT = OPTIONAL
NEG = NEGATIVE
POS = POSITIVE

* PRESSURE RELATIONSHIP CAN BE ADJUSTABLE ACCORDING TO CONDITIONS NECESSARY FOR TREATMENT.

(b) Design temperature range for all occupied areas shall be seventy-one degrees (71 degrees F.) minimum at winter design conditions, and eighty-one degrees (81 degrees F.) maximum at summer design conditions. (II)

(c) Air supply and air exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system. (II)

(d) Outdoor intake shall be located as far as practical but in no case closer than twenty-five ft. from exhaust outlets of ventilating systems, combustion equipment stacks, medical surgical vacuum system, plumbing vent stacks or from areas which may collect vehicular exhaust or other noxious fumes. (II)

(e) The bottom of outdoor intakes serving central systems shall be located as high as practical but not less than 6 ft. above ground level or if installed above the roof three ft. above roof level. (II)

(f) The bottoms of ventilation openings shall be not less than three (3) inches above the floor of any room.
(II)

(g) Corridors shall not be used to supply air to or exhaust air from any room. Exception: Air from corridors may be used to supply ventilation air via undercut doors for toilet rooms, janitors' closets, and small electrical or telephone closets opening directly onto corridors. (II)

(h) All central HVAC systems shall be equipped with filters as shown in Table II. The filter bed shall be located up stream of the air conditioning equipment unless a pre-filter is employed. In this case the filter bed may be located down stream. Provision must be made to insure that any humidification system present does not wet the filters. (II)

TABLE 2
FILTER EFFICIENCIES FOR CENTRAL VENTILATION
AND AIR CONDITIONING SYSTEMS IN
SKILLED NURSING FACILITIES

AREA	MINIMUM NUMBER FILTER BEDS	FILTER EFFICIENCIES (%)
All areas for inpatient care, treatment, and/or diagnosis, and those areas providing direct service or clean supplies.	1	80
Administrative, bulk storage, soiled holding, food preparation, laundries.	1	25

Ratings based on ASHRAE 52-76.

(i) Access must be provided for changing of filters. (II)

(j) All filter efficiency ratings shall be in accordance with ASHRAE Standard 52-76. Filter frames shall be durable and carefully dimensioned and shall provide a tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage. A manometer shall be installed across each filter bed serving central air systems. (II)

(k) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A. All systems regardless of size which serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically as delineated in that standard. (II)

(l) Access for maintenance shall be provided at all dampers. (II)

(m) Supply and Return ducts which pass through required smoke barriers and through which smoke can be transferred to another area shall be provided with dampers at the barrier controlled to close automatically to prevent the flow of air in either direction when the fan stops. (II)

(n) Smoke dampers shall be equipped with remote control reset devices. (II)

(o) Exhaust hoods in food preparation centers shall have an exhaust rate of not less than 50 CFM per sq. ft. of the face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces. (II)

(p) Hoods over cooking ranges shall be vented to the outside. In facilities of 25 beds or more, the hood shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Clean-out openings shall be provided every 20 feet in horizontal exhaust duct systems serving these hoods. (II)

(5) Other Piping Systems

(a) Domestic Hot Water Systems shall comply with the following: (II)

(1) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts indicated below (plus or minus 2 degrees F.). Water temperatures shall be measured at hot water point of use or inlet to process equipment.

	CLINICAL	DIETARY	LAUNDRY
Gallons (per hour per bed)	6 l/2	4	l/2
Temperature(degrees F.)	100	140	140

(2) Hot water distribution systems shall be of the recirculating type to insure hot water at each hot-water outlet at all times.

(3) Provisions shall be made to provide 180 degrees F. rinse water at the dishwasher.

(b) Drainage Systems: In so far as possible drainage piping shall not be installed within the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and above electrical equipment, and

other critical areas. Special precautions must be made to protect these areas from possible leakage or condensation from necessary overhead piping systems. (II)

(c) Medical Gas Systems: Medical gas system installations shall be in accordance with the requirements of NFPA 99. (II)

(d) Clinical Vacuum (Suction) Systems: If used, clinical vacuum system installations shall be in accordance with the requirements of Compressed Gas Association Pamphlet P-2.I. (II)

Y. Facilities

(1) Floor, Wall and Ceiling Material

(a) Floors, walls and ceilings shall be constructed of, and the exposed surfaces finished with, materials that will permit frequent cleaning and disinfecting. (II)

(b) Interior finish of walls and ceilings throughout shall be in accordance with Standard Building Code requirements for "Interior finishes -Institutional, Unrestrained Occupancy".(II)

(2) Draperies

All window draperies and curtains shall be flame retardant. (II)

(3) Wastebaskets

All wastebaskets shall be of non-combustible materials. (II)

(4) Handrails/Guardrails

(a) Handrails shall be provided on all steps of two (2) steps or more, on stairways, ramps, and porches. (II)

(b) All porches, walkways, and recreational areas (such as decks, etc.) which are elevated thirty (30) inches or more above grade shall have guardrails forty-two (42) inches high to prevent falls. (II)

(c) Open guardrails shall have intermediate rails such that a six (6) inch diameter sphere cannot pass through. (II)

(d) Handrails, which are located not less than thirty (30) inches nor more than thirty-six (36) inches above the finished floor shall be provided on both sides of halls and/or corridors. Ends of handrails shall return to the wall. (II)

(5) Glass in Windows and Mirrors

Where clear glass is used in windows, with any portion of the glass being less than eighteen (18) inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent someone from injuring themselves by accidentally stepping into or kicking the glass. (II)

(6) Resident Rooms

(a) A resident room shall be an area enclosed by ceiling high walls. No room in basements shall be used for residents. In using the Standard Building Code, each resident room is a separate tenancy. Each resident room shall be an outside room with an outside window. (II)

(b) Floor Area: The following requirement for floor area are the minimum. The floor area is defined as usable or net floor area and does not include wardrobes, closets, etc. or entry alcoves to a room. (II)

(1) Private Rooms - l00 square feet per bed.

(2) Semi-private rooms - 80 square feet per bed.

(c) Beds must be placed at least three (3') feet apart. (II)

(d) No resident room shall contain more than four (4) beds. (II)

(e) Cubicle curtains with built-in curtain tracks shall be provided in all multiple bed rooms which will shield each bed from other beds and also shield each bed from view from the corridor when the room door to the corridor is open. Curtain shall be flame-retardant. (II)

(f) At least one private room shall be provided in each resident unit for purposes of medical isolation, incompatibility, personality conflicts, et cetera. (II)

(g) No resident room shall be located more than 120 feet from the nurses' station. (II)

(h) Window area in resident rooms shall be at least one-tenth (1/10) of the floor area and at least forty (40) percent of the required window area shall be operable for ventilation. Sill height shall not exceed thirty-six (36) inches above finished floor. (II)

(i) Storage space shall be provided in each resident room for clothing, toilet articles, and personal belongings. A closet or wardrobe with at least four square feet of floor space; and at least five feet of vertical hanging space shall be provided for each resident. (II)

(j) It is prohibited to require passage through a resident's bedroom in order to get to another resident's bedroom, or to a toilet or bath area used by residents other than the resident(s) occupying the bedroom. (II)

(7) Nurses Station

(a) A nurses' station shall be provided for each 44 beds or fraction thereof. The nurses' station shall be located and arranged to permit visual observation of the resident corridors. (II)

(b) There shall be at, or close by, each nurses' station a separate medicine preparation room having a cabinet with one or more locked sections for medications, narcotics and poisons; cabinet space; work space for preparation of medicine; and sink. (II)

(c) The nurses' station shall contain at least a telephone, bulletin board, a refrigerator and adequate space for keeping residents' charts as well as for administrative activities. (II)

(d) A toilet with handwashing fixtures shall be provided nearby. (II)

(8) General Storage

(a) Each nursing unit shall contain separate spaces for the storage of clean linen, soiled linen, wheel chairs, and general supplies and equipment. (II)

(b) At least ten (10) square feet per bed for general storage shall be provided. (II)

(9) Utility Rooms

(a) Soiled Utility Rooms: At least one soiled utility room per nurses' station shall be provided which contains a clinical sink, work counter, waste receptacle and soiled linen receptacle. (II)

(b) Clean Utility Room: At least one clean utility room per nurses' station shall be provided which contains a work counter with handwashing sink and space for the storage and assembly of supplies for nursing procedures. (II)

(10) Laundry

(a) The laundry shall be insulated and ventilated to prevent transmission of noise, heat, steam, and odors to resident areas. (II)

(b) The laundry shall be divided into specific areas for soiled and clean linen with necessary walls and/or ventilation to prevent cross-contamination. (II)

(11) Soiled Linen Storage

(a) A soiled linen storage room shall be provided. (II)

(b) The soiled linen room shall be designed, enclosed and used solely for that purpose, and provided with mechanical exhaust directly to the outside. (II)

(c) The soiled linen storage room shall be of one (l) hour fire-resistive construction with "C" labelled 3/4 hour door unless contained in a separate building. (II)

(12) Janitor's Closet

(a) A janitor's closet of a minimum of twenty (20) square feet shall be provided for each nursing unit and main food preparation center. (II)

(b) Each closet shall have a space (shelves and brackets) for the storage of supplies and equipment. (II)

(c) Each closet shall be equipped with a mop sink or floor receptor. (II)

(13) Recreation and Dining Areas

At least thirty (30) square feet per bed shall be provided for resident dining and recreation. (II)

(14) Physical and Occupational Therapy Facilities

Physical and occupational therapy facilities should be provided. (II)

(15) Elevators

(a) Buildings having residents' facilities such as bedrooms, dining rooms, recreation areas, etc. located on other than the main floor shall have electric or electro-hydraulic elevators. (II)

(b) At least one hospital type elevator shall be installed where resident beds are located on any floor other than the main entrance floor. (II)

(c) For facilities with more than l00 resident beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements. (II)

(d) At least one elevator shall access all resident floors. (II)

(e) Cabs of hospital type elevators shall have inside dimensions that will accommodate a resident bed and attendants, and shall be at least 5' wide by 7'6" deep. The cab door shall have a clear opening of not less than 3'8". (II)

(f) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of l/2 inch. (II)

(g) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor. (II)

(h) Elevator controls, alarm buttons, and telephones shall be accessible to wheel chair residents. (II)

(i) Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke. (II)

(j) All elevators shall be equipped with firemen call key operated switches. (II)

(16) Field Inspection Tests

Inspections and tests shall be made and the owner and the Department shall be furnished written certification that the installation meets the requirements set forth in this section, ANSI 17.1 (American National Standards Institute Safety Code for Elevators and Escalators), NFPA 13 (Sprinkler Systems), and S.C. State Statute 23-9-60, 23-8-30 ***[See Note #1]***, and 23-45-30(g) ***[See Note #2]***, and other applicable safety regulations and codes. (II)

[Note #1: This reference, as printed in the State Register, was repealed by Act #181, 1993]

[Note #2: This reference, as printed in the State Register, is incorrect. The correct reference is 23-45-30(6)]

(17) Inspections

All elevators shall be inspected at least once a year by a recognized and responsible elevator engineer. (See Requirements in ANSI 17.1) (II)

Z. Kitchen Construction Requirements.

(1) Plan Submission

(a) Provide a separate Floor Plan showing:

(1) Location of all equipment

(2) Make and model number of all equipment (including a thermometer schedule)

(3) Garbage can wash pad on exterior

(4) Grease interceptor

(5) Floor drains

(6) Separate handwash sink(s)

(7) Toilet and locker facilities for kitchen staff

(8) Exhaust hood and duct system to the outside.(Hood extinguishing system required if 25 or more beds.)

(b) Floors

(1) Floor Construction: Floors and floor coverings of all food preparation, food storage, equipment-washing and utensil-washing areas, and the floors of all walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms, and vestibules shall be constructed of smooth durable materials such as sealed concrete, terrazzo, ceramic tile, durable grades of vinyl or plastic, and shall be maintained in good repair. Where a dishwasher is installed, floors will be constructed with a monolithic material. Nothing in this section shall prohibit the use of anti-slip floor covering in areas where necessary for safety reasons.

(2) Floor Carpeting: Carpeting shall be properly installed, easily cleanable, and maintained in good repair. Carpeting is prohibited in food preparation, equipment-washing and utensil-washing areas, food storage areas, and toilet room areas where urinals or toilet fixtures are located.

(3) Floor Drains: Properly installed, trapped floor drains shall be provided in floors that are water-flushed for cleaning, or that receive discharges of water or other

fluid waste from equipment, or in areas where pressure spray methods for cleaning equipment are used. Such floors shall be constructed only of sealed concrete, terrazzo, ceramic tile, or similar materials and shall be graded to drain. Any piped drain emptying into the floor drain from equipment must maintain the required air gap above the floor drain.

(4) Rubber mats and Duckboards: Rubber mats and duckboards shall be of such size, design, and construction as to facilitate their being easily cleaned.

(5) Floor junctures: Kitchens utilizing concrete, terrazzo, ceramic tile or similar flooring materials shall have junctures between walls and floors coved and sealed if water-flushed.

(6) Utility line installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the floor. In all new or extensively remodeled Kitchens, installation of exposed horizontal utility lines and pipes on the floor is prohibited.

(c) Walls and Ceilings

(1) Maintenance: Walls and ceilings, including doors, windows, skylights, and similar closures, shall be maintained in good repair.

(2) Construction:

(a) The walls of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas, and handwashing rooms or areas shall have smooth, easily cleanable surfaces and such surfaces shall be washable up to at least the highest level reached by splash or spray. Concrete blocks used for interior wall construction in these locations shall be finished with a fine grout to close all pours in the concrete block and sealed to provide an easily cleanable surface.

(b) The ceilings of food preparation areas, walk-in refrigeration units, equipment-washing and utensil-washing areas shall be smooth, nonabsorbent, and easily cleanable.

(3) Exposed Construction: Studs, joists, and rafters shall not be exposed in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms, and vestibules. If exposed in other rooms or areas, they shall be finished to provide an easily cleanable surface.

(4) Utility Line Installation: Exposed utility service lines and pipes shall be installed in a way that does not obstruct or prevent cleaning of the walls and ceilings. Utility service lines and pipes shall not be unnecessarily exposed on walls or ceilings in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules.

(5) Attachments: Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained in good repair.

(6) Covering material installation: Wall and ceiling covering materials shall be attached and sealed so as to be easily cleanable.

(d) Lighting

(1) At least 30 foot candles of light shall be required on all working surfaces in food preparation areas, equipment-washing and utensil-washing areas, handwashing areas, and in toilet rooms.

(2) At least 20 foot candles of light at a distance of 30 inches from the floor shall be required in walk-in refrigeration units, dry food storage areas, and in all other areas. This shall also include dining areas during cleaning operations.

(e) Ventilation

(1) General: All rooms shall be adequately ventilated, maintained and operated so that all areas are kept reasonably free of excessive heat, steam, condensation, vapors, smoke and fumes. Effective air recovery shall be provided as necessary. Ventilation systems shall discharge in such manner as not to create a nuisance.

(2) Special Ventilation: Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt and other contaminating materials.

(f) Dressing Rooms and Locker Areas

(1) Dressing Rooms and Areas: If employees routinely change clothes within the establishment, rooms or areas shall be designated and used for that purpose and shall be kept in a clean condition. These designated rooms or areas shall not be used for food preparation, food service and storage, or for equipment-washing and utensil-washing or storage.

(2) Locker Areas: Enough lockers or other suitable facilities shall be provided and used for the orderly storage of employee clothing and other belongings and shall be kept in a clean condition. Lockers or other suitable facilities may be located only in the designated dressing rooms or in food storage rooms or areas containing only completely packaged food or packaged single-service articles.

AA. General

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

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